

**28 DECEMBER 2001**



**Health Services**

**AUTHORIZED HEALTH CARE AND HEALTH  
CARE BENEFITS IN THE MILITARY HEALTH  
SYSTEM (MHS)**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

---

**NOTICE:** This publication is available digitally on the AFDPO WWW site at:  
<http://afpubs.hq.af.mil>.

---

OPR: HQ USAF/SGMA (Mr. Michael  
Harrison)

Certified by: HQ USAF/SGM (Col Germann)

Supersedes AFI 41-115, 25 July 1994

Pages: 50  
Distribution: F

---

This instruction implements AFD 41-1, Health Care Programs and Resources. This instruction applies to all personnel assigned to or working in Air Force MTFs and Aeromedical Evacuation units, including Reserve and Guard personnel during their active duty periods, civilian, contract, volunteer personnel and trainees. It provides health care personnel information to determine eligibility for health care in Air Force dental and medical treatment facilities (MTFs) and use of the Aeromedical Evacuation System. It also discusses other related health care benefits and describes the extent of care the Air Force authorizes. This instruction applies to all active duty, Reserve Component (RC), and retired personnel of all seven uniformed services as well as their family members. **Attachment 1** is a glossary of references, abbreviations, acronyms, and terms. **Attachment 2** is the Secretary of the Air Force Designee format for abused dependents. **Attachment 3** is the Secretary of the Air Force Designee log format. **Attachment 4** is the Secretary of the Air Force Designee format for certain former spouses. **Attachment 5** is the format for Secretary of the Air Force Designee Request. **Attachment 6** is the listing of Uniformed Services Family Health Plan (USFHP) facilities. **Attachment 7** contains the points of contact for the Reserve Component and Air National Guard. This instruction directs collecting and maintaining information subject to the Privacy Act of 1974 authorized by Title 10, United States Code, Section 8013. System of records notice F044 AF SG D, Automated Medical/Dental Record System, applies. Maintain and dispose of records created as a result of prescribed processes in accordance with AFMAN 37-139, *Records Disposition Schedule*. Send comments, identified discrepancies and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through command channels, to HQ USAF/SGMA, 110 Luke Avenue, Room 400, Bolling AFB DC 20332-7050.

**SUMMARY OF REVISIONS**

**This document is substantially revised and must be completely reviewed.**

This revision updates the Secretarial Designee Program and the implementation of TRICARE and its effects on the MHS. It includes policy changes on abortion services in overseas military treatment facilities.

ties, and eliminates information about billing procedures, charges for eligible beneficiaries, and information on hearing aids. It also describes the functions of two new positions, the Beneficiary Counseling and Assistance Coordinator (BCAC) and the Debt Collection Assistance Officer (DCAO). This revision omits the section on Medical Affirmative Claims (formerly Third Party Liability Claims), as this area is addressed in DoD 6010.15-M, *Military Treatment Facility Uniform Business Office (UBO) Manual*. Finally, it eliminates references to CHAMPUS Regulation DoD 6010.8R.

<b>Chapter 1— ELIGIBILITY AND HEALTH CARE SERVICES PROVIDED BY THE MHS</b>	<b>4</b>
1.1. Administering Health Care Benefits. ....	4
1.2. TRICARE Dental Program (TDP). ....	5
1.3. Eligibility. ....	5
1.4. Eligibility Priority and Limiting Services in the Direct Care System. ....	5
1.5. Eligibility Verification. ....	7
1.6. The Uniformed Services Family Health Plan (USFHP)/Designated Providers (DP). ....	9
1.7. Reciprocal Health Care Agreements. ....	10
1.8. Medically Related Services. ....	10
1.9. Authorization for Physical Examinations. ....	11
1.10. Abortions. ....	14
1.11. Care of Minors. ....	14
1.12. Additional Beneficiary Categories. ....	14
1.13. Dependency Determinations for Incapacitated Children. ....	15
1.14. Artificial Insemination. ....	16
<b>Chapter 2— SECRETARY OF THE AIR FORCE DESIGNEE PROGRAM</b>	<b>17</b>
2.1. Program Operations. ....	17
2.2. Air Force Secretarial Designee Criteria. ....	17
2.3. Applying for Air Force Designee Status. ....	20
2.4. Secretary of Defense Designees. ....	21
2.5. Operating the Air Force Secretarial Designee Program Overseas. ....	22
2.6. Designee Status Used in Claims Against the United States. ....	22
<b>Chapter 3— TRICARE RELATED SERVICES</b>	<b>24</b>
3.1. Medical Treatment Facility Non-availability Statement (NAS) ....	24
3.2. Resource Sharing/Resource Support Program. ....	25
3.3. Beneficiary Counseling and Assistance Coordinator (BCAC) ....	26
3.4. Debt Collection Assistance Officers (DCAOs). ....	30

<b>AFI41-115 28 DECEMBER 2001</b>	<b>3</b>
3.5. The TRICARE Dental Program (TDP). .....	30
3.6. Military Treatment Facilities (MTF) Volunteers. ....	31
3.7. Changes in Clinical Services .....	32
<b>Attachment 1— GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION</b>	<b>36</b>
<b>Attachment 2— SECRETARY OF THE AIR FORCE DESIGNEE FORMAT FOR ABUSED FAMILY MEMBERS</b>	<b>45</b>
<b>Attachment 3— SECRETARY OF THE AIR FORCE DESIGNEE LOG FORMAT (RCS: HAF-SGH[A]9474)</b>	<b>46</b>
<b>Attachment 4— SECRETARY OF THE AIR FORCE DESIGNEE FORMAT FOR CERTAIN FORMER SPOUSES</b>	<b>47</b>
<b>Attachment 5— SECRETARY OF THE AIR FORCE DESIGNEE REQUEST</b>	<b>48</b>
<b>Attachment 6— UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP) FACILITIES</b>	<b>49</b>
<b>Attachment 7— OFFICE OF THE RESERVE COMPONENT</b>	<b>50</b>

## CHAPTER 1

### ELIGIBILITY AND HEALTH CARE SERVICES PROVIDED BY THE MHS

**1.1. Administering Health Care Benefits.** The military services administer the Uniformed Services Health Benefits Program (USHBP) according to Title 10, United States Code, Chapter 55, Sections 1071 through 1088, 1090, 1093, 1095, and 1097. Health care personnel provide services under this program regardless of the sponsor's Service affiliation. Categories of beneficiaries who receive services under the USHBP are:

- 1.1.1. Uniformed Services active duty personnel.
- 1.1.2. Uniformed Services Reserve Component personnel.
- 1.1.3. Family members (dependents) of active duty and Reserve Component personnel of the uniformed services.
- 1.1.4. Retired members of the Uniformed Services.
- 1.1.5. Family members (dependents) of retired personnel of the Uniformed Services.
  - 1.1.5.1. Individuals under the Transition Assistance Management Program.
  - 1.1.5.2. Surviving family members of persons who at the time of death were active duty or retired personnel of the uniformed services.
- 1.1.6. Unremarried former spouses of members.
- 1.1.7. All Army, Navy, Air Force, and Coast Guard medical facilities are Uniformed Services Medical Treatment Facilities (USMTFs). *EXCEPTION:* Coast Guard contract physicians' offices are not USMTFs. The USHBP also recognizes other institutions that provide care to retirees and family members of active duty personnel of the uniformed services, such as the former Public Health Service facilities [also known in the interim as the Uniformed Services Treatment Facilities (USTFs)], now known as the Uniformed Services Family Health Plan (USFHP), or TRICARE designated providers (DPs).
- 1.1.8. The MTF commander:
  - 1.1.8.1. Authorizes moving a patient via aeromedical evacuation). MTF commanders consult DoD 4515.13-R, *Air Transportation Eligibility*, Chapter 5, when a patient must be moved by aeromedical evacuation. DoDI 6000.11, *Patient Movement*, offers further information.
  - 1.1.8.2. Approves care in the MTF for authorized patients who aren't uniformed service personnel, if conditions allow.
  - 1.1.8.3. Works directly with other medical authorities on patient care matters.
- 1.1.9. In foreign countries, laws of the host country may take precedence. Commanders must pay special attention to the local customs and practices when using this instruction. Do not jeopardize the rights and status of personnel under international agreements.
- 1.1.10. For Foreign Military Sales (FMS) or International Military Education and Training (IMET) cases, see AFH 41-114.

1.1.11. Except for authorized users of the aeromedical evacuation system, DoD charges all at its established movement rates. For en route medical care DoD charges non-authorized users its established medical reimbursement rates. Unless the referring MTF provides evidence of special billing arrangements to Headquarters Air Mobility Command Office of the Command Surgeon, Financial Management Branch (HQ AMC/SGSC), the DoD bills the MTF or referring agency at the DoD established movement rate or Full Reimbursement Rate (FRR).

**1.2. TRICARE Dental Program (TDP).** See Section 1076a of 10 U.S.C. 55, for the legal authority to provide dental care under the TDP. **Chapter 3**, paragraph **3.5**, of this instruction, spells out eligibility criteria, enrollment period, premium collection, and provides the administration and management requirements for this program.

**1.3. Eligibility.** 10 U.S.C. 55 lists individuals eligible for care in a USMTF and the aeromedical evacuation system. Air Force Handbook AFH 41-114, *Military Health System (MHS) Matrix* contains specific limitations on medical care. Command sponsorship does not affect eligibility for health care overseas but may affect the individual's priority for space-available care.

1.3.1. The authority for the TRICARE Program is Title 32 to the Code of Federal Regulations, Part 199 (32 CFR 199).

1.3.2. Title 10 U.S.C. 55 describes when an individual's eligibility for military-sponsored health benefits begins and ends.

1.3.3. At Air Force MTFs in the continental United States (CONUS), civilians are authorized emergency care only. When the patient is medically stabilized, transfer to an appropriate civilian medical facility or discharge as appropriate.

**1.4. Eligibility Priority and Limiting Services in the Direct Care System.** MTFs provide care without regard to the sponsor's Service affiliation, rank or grade, according to 10 U.S.C. 55. By law, priority for care at the MTF is:

1.4.1. Active duty personnel (includes North Atlantic Treaty Organization (NATO) military personnel, Security Assistance and Training Program (SATP) personnel, and Reserve and Guard on active duty or inactive duty status)

1.4.2. Active duty family members enrolled in TRICARE Prime

1.4.3. Retirees, Survivors and their family members enrolled in TRICARE Prime

1.4.4. Active duty family members, retirees, their family members, surviving family members, and unremarried former spouses of members who are enrolled in the TRICARE Plus MTF program

1.4.5. Active duty family members *not* enrolled in Prime

1.4.6. Retirees, Survivors and their family members *not* enrolled in Prime

1.4.7. Civilian employees stationed overseas on official orders, traveling in temporary duty (TDY) status in the continental United States (CONUS), or covered under the Air Force Occupational Safety and Health (AFOSH) program. (For a detailed explanation of civilian family member entitlements, see AFH 41-114.)

1.4.8. Non-enrolled persons eligible for military health care will be seen at military hospitals and clinics on a space-available basis

1.4.9. When determining if the MTF may provide care to other than active duty members, the MTF commander considers:

1.4.9.1. Space and facility limitations

1.4.9.2. Staff capabilities

1.4.9.3. Quality assurance concerns

1.4.9.4. Effective use of the facility

1.4.9.5. Resources and mission requirements

1.4.10. In overseas locations, the wing commander may alter the priority of care for non-AD personnel in order to support mission requirements. To prevent mission degradation, designated "mission essential" civilian personnel may be considered as a beneficiary category at overseas locations.

1.4.11. When individuals fall into several beneficiary categories (see **Para 1.1.**), provide care at their highest priority level. If unable to determine a beneficiary's eligibility for health care, contact the MAJCOM SG Office.

1.4.12. MTFs will develop policies for managing referrals to and from providers outside of the MTF. These policies should:

1.4.12.1. Adhere to current Joint Commission on Accreditation of Healthcare Organizations standards **OR** National Committee for Quality Assurance standards, when applicable.

1.4.12.2. Be developed and executed in concert with existing contracts with the regional Lead Agent and Managed Care Support Contractor.

1.4.12.3. Ensure that patients who are referred to civilian health care sources (network or non-network) are informed of any potential costs related to receiving care, and that a mechanism is in place for the appropriate agent to pay associated health care bills. Referral policies should be coordinated with the MCSC.

1.4.12.4. Ensure that patients are informed of resources available to assist with scheduling appointments, receiving authorizations, obtaining covered services or supplies, resolving claims-related issues, filing appeals or grievances, or seeking TRICARE customer service.

1.4.12.5. Ensure that patients are aware of any limits on the scope of care, applicable access standards, the number of visits and/or the length of time covered by the referral.

1.4.12.6. Ensure that MTFs have a tracking mechanism for referrals.

1.4.12.7. Ensure that all referrals include sufficient clinical, administrative and authorization information to allow the consulting provider to appropriately evaluate the patient, contact the referring provider and complete the appropriate claims/billing paperwork.

1.4.12.8. Ensure that a feedback mechanism is in place to provide the referring provider with the clinical results of the referral.

1.4.12.9. Outline a timely and appropriate appeals/grievance process, when applicable.

1.4.12.10. Ensure that a timely process exists to act on referrals into the MTF, and ensure that the MCSC is notified in a timely fashion if a patient referred to the MTF cannot be seen within applicable access standards.

1.4.13. MTF policies regarding individuals' access to the health care system must reflect the guidelines established in this instruction. Bring discrepancies between this document and other guidance to the attention of HQ USAF/SGMA for resolution.

1.4.14. DoD Instruction 6015.23, *Delivery of Healthcare at Military Treatment Facilities (MTFs)* states: "The Secretaries of the Military Departments shall approve changes in the clinical services offered at any MTF, after concurrence of the Lead Agent of the DoD health services region in which the affected installation is located. This authority may be re-delegated to an Assistant Secretary or the Surgeon General." 10 U.S.C. 55 contains requirements for changes in clinical services. When these changes affect custodial and domiciliary care, or exceed the capabilities of the staff or facility, notify the MAJCOM surgeon's office, which advises Headquarters United States Air Force, Health Benefits and Policy Division (HQ USAF/SGMA) and Headquarters Air Force Medical Operations Agency (HQ AFMOA).

1.4.15. TDRL patients who have been directed to an MTF for a physical have the same priority for the physical as an active duty member.

**1.5. Eligibility Verification.** The local Military Personnel Flight (MPF) is ultimately responsible for establishing an individual's eligibility for medical care in the Defense Enrollment Eligibility Reporting System (DEERS). Designated medical facility personnel confirm the patient's identity and verify entitlement by performing a DEERS and ID "check." Eligibility questions should be directed to the TRICARE Flight Commander or other MTF-designated personnel.

1.5.1. Individuals requesting care must show satisfactory evidence of their beneficiary status (i.e., a valid ID card and a DEERS eligibility check). Children under age 10 must be enrolled in DEERS, but they don't need their own ID cards. MTF personnel should not provide routine care to patients with questionable eligibility until they make a final determination on a patient's eligibility. Eligible beneficiaries enrolled in a Uniformed Services Family Health Plan (USFHP) are not eligible for non-emergent care at MTFs. In an emergency, always provide care first, and determine eligibility after treatment.

1.5.2. Eligibility verification is a two-step process. First, the patient presents a valid ID card. MTF staff ensures that all patients, including those in uniform, show valid IDs before they provide routine care, ancillary, or administrative services.

1.5.2.1. Types of Uniformed Services ID cards:

1.5.2.1.1. DD Form 2, **United States Armed Forces Identification Card**, (DD Form 2SRESRET (Red) United States Uniformed Services Identification Card, DD Form 2RES (Green) Armed Forces Of The United States - Geneva Conventions Identification Card, DD Form 2 ACT (Green) Armed Forces Of The United States - Geneva Conventions Identification Card, DD Form 2RET (Blue) United States Uniformed Services Identification Card, DD Form 2SRET (Blue) United States Uniformed Services Identification Card, DD Form 2SRES (Green) Armed Forces Of The United States Geneva Conventions Identification card, DD Form 2SACT (Green) Armed Forces Of The United States Geneva Conventions Identification Card).

1.5.2.1.2. DD Form 2765 (Tan), **Department of Defense Uniformed Services Identification and Privilege Card** (see AFI 36-3026 (I) for eligible card holders).

1.5.2.1.3. DD Form 1173, **Uniformed Services Identification and Privilege Card**, (see AFI 36-3026 (I) for eligible card holders)

1.5.2.1.4. DD Form 1173-1 (Red), **Department of Defense Guard and Reserve Family Member Identification Card**, DD1173-1 is the manually produced card; DD1173-1S is the automated (computer generated) card.

1.5.2.2. PHS1886-1 (Green), The United States Public Health Service (USPHS) Active Duty ID card number is a manually produced, pre-printed PHS active duty ID card, issued at small, remote PHS sites without DEERS access or RAPIDS (automated ID card) capabilities. Individuals in possession of these cards *are* authorized users of DoD medical facilities.

1.5.2.3. Some separating personnel and their family members are eligible for medical benefits under the Transitional Assistance Management Program (TAMP). Separated members who are eligible for this program receive the DD2765; their eligible family members receive the DD1173.

1.5.2.4. Other beneficiaries have different organizational identification. When an organization doesn't issue ID cards, its members must show some proof of organizational affiliation as well as personal identification.

1.5.2.5. Each uniformed service issues DD1173. Contact the nearest Military Personnel Flight for information on applicable publications.

1.5.3. The second step in verifying a person's eligibility status is performing a DEERS check. Not all beneficiaries are enrolled in DEERS. MTFs will perform DEERS checks on all beneficiaries presenting for care. MTFs will:

1.5.3.1. Deny non-emergent care when the verification process results in questionable eligibility. In these situations, a competent medical authority then performs a risk assessment. If there is a possibility of risk to either the patient or the Air Force, treat the patient. Such patients must first sign a locally developed statement saying they will prove eligibility within 30 days. After the 30th day, if the individual has not produced evidence that establishes eligibility, the TRICARE Flight forwards the patient information to Resource Management for billing. This procedure applies to "hands-on" care as well as ancillary services, for example, filling prescriptions from non-Federal civilian providers.

1.5.3.2. Perform a DEERS check when an eligible child over 10 years of age and without an ID card, seeks medical care. If the child is in DEERS and accompanied by an adult sponsor or parent who has a valid ID card, don't require the parent to return within 30 days with the ID card. Designated MTF personnel should explain to the sponsor or parent that all children over 10 years of age require a valid ID card to continue to receive authorized military services like health care.

1.5.3.3. Provide routine care in the direct care system to these categories of patients (even if they fail a DEERS eligibility check):

1.5.3.3.1. The patient presents a DD1172, **Application for Uniformed Services Identification and Privilege Card** that the Air Force issued or re-verified within the last 90 days; it must have a date and a verifying authority from the MPF that certified it. This certification



includes an original signature in ink with the rank, position, and phone number of the verifying official.

1.5.3.3.2. The patient is a member of the Reserve Component on active duty for less than 30 days.

1.5.3.3.3. The patient is a member of the Reserve Component on active or inactive duty status, but is seeking health care for an “in line of duty” medical/dental condition or a condition which is currently under line of duty investigation IAW AFI 36-2910, *Line of Duty (Misconduct) Determination*.

1.5.3.3.4. The patient's sponsor is a member of the Reserve Component ordered to Federal active duty for more than 30 consecutive days and the patient has a copy of such orders.

1.5.3.3.5. The patient is less than 1 year old. Children under the age of one year of age will be eligible for care/enrollment IAW existing TRICARE policy.

1.5.3.3.6. The patient is a Secretarial Designee (use the designee letter to verify eligibility and benefits).

1.5.3.3.7. The patient is a foreign military sponsor or family member.

1.5.3.3.8. The sponsor is on overseas assignment, afloat, or has an Army or Air Force Post Office (APO) or Fleet Post Office (FPO) address. The patient should present some documentation to indicate the sponsor's status such as TDY or PCS orders.

1.5.4. Each MTF must establish procedures to verify the eligibility of all beneficiaries with prescriptions from non-Federal providers. Such procedures should verify eligibility with a valid ID card and a DEERS check. Each MTF must develop policies and procedures consistent with current Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Health Insurance Portability and Accountability Act (HIPAA) and other applicable Patient's Rights standards, to allow beneficiaries to designate an individual to pick up prescriptions, medical records, x-rays, etc.

1.5.5. Failure of a DEERS check will not be the sole basis for denying non-emergent care to members of the Reserve Component. In addition to the above verification requirements, the following steps will be used when verifying eligibility status, at the time of treatment, for Reserve Component members:

1.5.5.1. The member must present an interim or completed LOD as defined in AFI 36-2910, or

1.5.5.2. The member must present a copy of the order calling the member to active duty.

1.5.6. If the above procedures fail to establish eligibility for Reserve Component members, the MTF will contact the office of the member's Reserve Component Surgeon for assistance in verifying the member's eligibility for requested services. (See [Attachment 7](#).) For Air National Guard members, the Wing Commander is contacted for verification of eligibility.

**1.6. The Uniformed Services Family Health Plan (USFHP)/Designated Providers (DP).** USFHP facilities are former US Public Health Service medical treatment facilities providing medical and dental care to DoD beneficiaries. Non-active duty eligible beneficiaries living within the defined USFHP service area may enroll in the local USFHP Managed Care Plan. If a USFHP contractor sees an AD member, the claim is sent to a DoD claims processor for payment.

1.6.1. MTF personnel whose facilities are located near USFHP facilities must be familiar with the terms of the contract under which the USFHP operates, for example, eligibility, billing procedures, health care benefits and Managed Care Plans. For further information on USFHP/DP, contact your Lead Agent.

1.6.2. The list of USFHP facilities is in [Attachment 6](#).

**1.7. Reciprocal Health Care Agreements.** (Title 10, United States Code (Annotated), Chapter 151, Section 2549) requires foreign military and diplomatic personnel to pay for inpatient care in MTFs, unless the foreign country and the United States have completed an agreement indicating otherwise. These reciprocal health care agreements require that both countries provide a comparable level of health care to a comparable number of personnel.

1.7.1. Air Force medical personnel who see the need for a reciprocal health care agreement to provide inpatient care for foreign military or diplomatic personnel (or their family members) in the United States should send a proposal through the MAJCOM Surgeon's Office to HQ USAF/SGMA. Proposals should include:

1.7.1.1. Enough information to evaluate the benefit of the agreement to the United States.

1.7.1.2. Specific information on what the DoD would receive and what it would be expected to provide. For example, explain whether the foreign country would provide military or civilian care, at what price, and for whom (active duty, family members, and so on).

1.7.1.3. The number of foreign and US Forces personnel and their family members who may be affected by the agreement.

1.7.2. HQ USAF/SGMA reviews all proposals.

1.7.3. One may access the TMA website (<http://www.tricare.osd.mil/ recip/>) to see which countries currently have reciprocal health care agreements with the DoD.

1.7.4. As additional agreements are completed, HQ USAF/SGMA will send the necessary information via message to MAJCOMs.

**1.8. Medically Related Services.** Sections 927(c) and 1401 of Title 20, U.S.C. and the following entitles handicapped DoD Dependents Schools (DoDDS) students to a free public education. Federal law also entitles Handicapped DoDDS students who require medically related services and are in a "tuition free" status under DoD Directive 1342.13 *Eligibility Requirements for Education of Minor Dependents in Overseas Areas* July 8, 1982, with Changes 1 and 2, to receive those medical services free of charge, regardless of their beneficiary category, or the location of the service.

1.8.1. Under DoD Instruction 1010.13, *Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent Schools Outside the United States* August 28, 1986, with Change 1, and DoD Instruction 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas*, 12 March 1996, the DoD provides medical care and related services in-theater in overseas locations according to MTF capabilities. When a handicapped student who is entitled to government medical care needs an evaluation or services outside the theater, aeromedical evacuation of that student and an accompanying adult to and from CONUS is free. The Air Force may also authorize commercial transportation of the handicapped student and accompanying adult.

1.8.2. Providing medically related services under Sections 927(c) and 1401 of 20 U.S.C. must not disrupt the individual's special education. For evaluations performed in CONUS, consider the scope of the law. For example, ongoing care or physical therapy, in CONUS based facilities, is likely disruptive and, as such, inconsistent with the law and DoD directives. As a result, in the extremely rare case of a handicapped DoD student who cannot obtain required ongoing services in-theater, command must consider reassigning the individual's sponsor to another accompanied area where the necessary medical services are available that don't disrupt the child's special education.

**1.9. Authorization for Physical Examinations.** This paragraph does not cover the physical examinations (flying, non-flying and occupational health) addressed in AFI 48-123, *Medical Examination and Standards*.

1.9.1. The MTF (formerly done by the Physical Exams Section, PES) provides employment and school physicals when the MTF commander determines that MTF personnel are available and an official of the sponsoring agency sends a written request for the physical. There is no charge to the individual for the physical. The MTF commander may authorize the use of supplemental or cooperative care funds to cover the costs of these physicals. Individuals who may receive physicals under this paragraph are:

1.9.1.1. Contract food service, housekeeping, and other health care employees or health care volunteers.

1.9.1.2. Army and Air Force Exchange Service (AAFES) personnel and AAFES concessionaire employees.

1.9.1.3. Employees of Officer, Non-Commissioned Officer (NCO) and Service Clubs.

1.9.1.4. DoD School System teachers working on base or overseas in uniformed service schools that a US military department operates.

1.9.1.5. Civilian contractors working in positions that require exposure to occupational hazards such as laser energy and/or toxic substances.

1.9.1.6. Domestic servants of uniformed services personnel. MTF personnel will provide a physical for these domestic servants when command directives require it as a condition of employment, or the employer overseas requests it.

1.9.1.7. Non-appropriated fund (NAF) employees.

1.9.1.8. Civilian employees may receive (at no charge to the individual) physicals for:

1.9.1.8.1. Required occupational health screening, fitness for duty assessments and follow-up under the AFOSH.

1.9.1.8.2. DoD sponsored assignments overseas, when DoD requires it.

1.9.1.8.3. DoD sponsored courses, when it is a course requirement.

1.9.2. The MTF also provides physicals for any individual on a DoD sponsored orientation flight IAW local and MAJCOM directives.

1.9.3. The MTF performs physicals to determine if a person is qualified for duty in the uniformed services according to AFI 48-123. MTF specialty clinics will also perform examinations/physicals as

necessary to determine fitness for accession to active duty or to apply to a service academy as required, at no cost to the individual, using supplemental or cooperative care funds if necessary.

1.9.4. The MTF performs premarital physicals for the intended spouse (who is not an eligible beneficiary) of an entitled beneficiary. The sponsor must accompany the intended spouse to the MTF on the day of the physical.

1.9.5. The MTF Commander may determine that providing the physical or immunization serves the best interest of command health. If necessary, the MTF will provide physicals, health inspections and immunizations to ensure detection of any communicable disease at a uniformed services installation.

1.9.6. Under 31 U.S.C. 1535, the MTF provides physicals for applicants for:

1.9.6.1. Foreign Service Posts. The State Department requests physicals for Foreign Service Officers or applicants for the Foreign Service (including family members) on Form DSL-820, **Letter of Authorization for Medical Examination** (two copies). Return the report of the physical examination as outlined in the DSL-820.

1.9.6.2. Civil Service.

1.9.6.3. Job Corps and VISTA. Appropriate agency officials request physicals and the MTF completes SF 88, **Report of Medical Examination**, and SF 93, **Report of Medical History**, and returns these reports to the requesting official. The MTF provides five copies of DD Form 7A, **Report of Treatment Furnished Pay Patients-Outpatients Treatment Furnished Part B** (RCS: HAF-SGH[M]7103), to HQ USAF/SGMC for reimbursement and includes a copy of the request for physicals.

1.9.6.4. Peace Corps. Peace Corps officials request physicals for volunteers and family members. These are typically pre-selection, separation, or special physicals.

1.9.6.5. Federal Aviation Administration (FAA) regional office officials may request the MTF to have an Air Force Flight Surgeon who is a FAA – credentialed provider perform this physical examination or a local physician who is FAA-credentialed to perform the examination at no cost to the individual. Civilian Air Traffic Controllers (ATC) who are contracted to work in military ATC Facilities, would fall under this paragraph. (FAA now requires that providers who perform FAA physicals apply and obtain a certification number). This physical examination includes:

1.9.6.5.1. Chest X-rays.

1.9.6.5.2. Electrocardiograms (including exercise electrocardiograms).

1.9.6.5.3. Audiograms.

1.9.6.5.4. Basic blood chemistries (including a 2-hour Postprandial Blood Sugar, Blood Urea Nitrogen (BUN), Serum Cholesterol, Uric Acid, automated blood chemistry program if available.)

Return copies of the results to the officials who requested the exam. The MTF prepares five copies of DD Form 7A and sends them to HQ USAF/SGMC with a copy of the request.

1.9.6.6. US Secret Service. The Chief, US Secret Service or a designated representative submits a written request for the MTF to perform the same type of periodic physical as for a non-flying officer (AFI 48-123). Send one copy of SF 88 and SF 93 to the Chief, US Secret Service, Treasury Department, Washington DC 20220.

1.9.6.7. Federal Bureau of Investigation (FBI) applicants and investigative personnel and Deputy US Marshals in Alaska. The special agent in charge of an FBI field office for FBI personnel and an official of the Department of Justice requests that the MTF perform physicals using SF 88 and SF 93. Send a copy of the forms to the requesting official.

1.9.7. Reserve Component. The MTF performs physical exams for Reserve Component members assigned to an active duty unit or Reserve Component units assigned to active duty installations where no Reserve Component medical unit is assigned. (see AFH 41-114, Military Health System (MHS) Matrix, for further guidance). MTFs also provide specialty consultations for Reserve Component members IAW AFH 41-114. Many Reserve Component members must travel considerable distances to obtain these services. If the individual lives outside the MTF catchment area or more than 40 miles from the MTF, clinic/ancillary services personnel must complete the physical and/or consultation in one (1) day (this does not include the completion of the paperwork, only the actual testing, evaluation, and so on.).

1.9.8. MTF personnel may authorize one-time ancillary services, such as drawing blood for individuals who are not beneficiaries, if the service is part of an evaluation or treatment program for an authorized beneficiary (e.g., a non-beneficiary who may be a potential organ or blood donor for an authorized beneficiary).

1.9.9. It is a civilian employee's responsibility to get an eye refraction exam for safety glasses. Employees must present their civilian prescriptions to the MTF to obtain safety glasses. If space is available, the MTF may provide eye refraction or contract for such services locally, if the MTF commander feels it better serves the Government to do so.

1.9.10. Upon written request from the appropriate government agency, the MTF provides physicals for individuals who have filed claims against the Federal Government. These physicals are to determine the nature and extent of that individual's injuries or disabilities.

1.9.10.1. If the individual is filing a claim against the Army, Navy, Air Force, or Marine Corps or if a Congressman is considering filing for a private relief bill, there is no charge for this examination unless it results in an admission. In that case, collect the subsistence rate from the individual.

1.9.10.2. If the individual is filing a claim against another government agency, the MTF completes a DD Form 7A for the IAR and sends it to HQ USAF/SGMC.

1.9.11. When the government considers it necessary or desirable and the appropriate commander files a request, the MTF performs physicals for civilians who are performing aircrew duties or flying in military aircraft. The following individuals may receive physicals under this provision, IAW AFI 48-123 and FAA directives:

1.9.11.1. Employees or prospective employees of government contractors whom the government has approved for training in DoD facilities or for performing aircrew duties under the AFI 36 series or other DoD agency directives.

1.9.11.2. Passengers and maintenance personnel flying in high performance aircraft under AFI 11-403, *Air and Space Physiological Training Program*.

1.9.11.3. Civilian employees of, or under contract to, the DoD or other government departments or agencies who have been approved to perform aircrew duties or receive instructions in such duties, under AFI 48-123.

1.9.11.4. DoD test pilots, representatives of (or persons sponsored by) foreign governments, other non-US citizens, and US citizens not a part of the DoD who have been otherwise approved for flying aircraft under appropriate flying management AFIs or comparable non-DoD directives.

**1.10. Abortions.** Air Force medical personnel in overseas MTFs may perform prepaid abortions only in cases where the patient is a victim of rape or incest, or if the mother's life is endangered if she carries the fetus to term. Abortions are available only when medical teams have no objections to performing this service. In CONUS, the Air Force restricts abortions to cases in which the mother's life would be endangered if she carried the fetus to term.

**1.11. Care of Minors.** MTF personnel may treat minors without parental consent for routine care in accordance with applicable state or local laws. MTF commanders overseas must consult the base staff judge advocate and have a written policy available before treating minors without parental consent.

1.11.1. MTF providers may treat minors without parental consent, *if unable to contact the parent or legal guardian*, in a medical emergency when failure to treat would result in potential loss of life, limb, or sight. Two Medical Corps officers should concur with the need for emergency treatment when possible. Don't delay care for a second opinion when such delay could result in loss of life, limb, or sight. Contact the parent as soon as possible after treatment.

1.11.2. When needed or appropriate, substitute a properly executed limited power of attorney (medical power of attorney) for parental consent.

**1.12. Additional Beneficiary Categories.** Department of Veterans Affairs (DVA) and Other Government Agencies. Except for Secretarial Designees covered in [Chapter 2](#), AFH 41-114 outlines descriptions of beneficiaries, their eligibility for services, and special considerations in providing their care. If a person requiring emergent care doesn't fit into any of the categories included in these documents, treat the patient as a civilian emergency.

1.12.1. The DVA provides care for active duty and other DoD beneficiaries on a space-available basis, in accordance with 38 U.S.C., Section 8111, *Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act*, via resource sharing agreements.

1.12.2. Title 31 United States Code 686, *The Economy Act*, provides that any Government agency (if funds are available and it serves the Government's best interest) may order from any other Government agency any services that the requisitioned agency can provide. (The MTF commander may provide such services under the limitations of this paragraph. Unless this instruction specifies otherwise, this paragraph applies when non-DoD Federal agencies request health care for their beneficiaries in an Air Force MTF. The appropriate agency official must request MTF services in writing. This authority also applies to occupational health services.)

1.12.2.1. MTF personnel provide a copy of the results of treatment to the requesting agency official.

1.12.2.2. AFH 41-114 specifies the appropriate reimbursement rate.

1.12.3. For dependent parents and parents-in-law, ensure that the sponsor and patient understand that when MTF personnel cannot provide the necessary care, on a space-available basis, they will be discharged to a civilian facility at the individual's expense. Dependent parents and parents-in-laws are NOT eligible for TRICARE. MTF personnel may authorize supplemental care funds for diagnostic

tests and ancillary services for parents and parents-in-law, when the patient remains in the MTF. Both the patient and sponsor will be briefed acknowledging their financial responsibility when discharged/transferred to civilian care.

**1.13. Dependency Determinations for Incapacitated Children.** AFI 36-3026(I), Identification Cards for Members of the Uniformed Services, Their Family Members and Other Eligible Personnel, reflects initial eligibility criteria and processing procedures for a sponsor to apply for continued benefits for an incapacitated child who would no longer be eligible for benefits at age 21 (or 23 if enrolled as a full-time student when the incapacitation occurred). The Military Personnel Flight and Base Accounting and Finance Office review documentation to determine if initial eligibility criteria is met for further processing to the Defense Finance and Accounting Service-Denver Center (DFAS-DE) who has approval authority.

1.13.1. A statement from an attending physician and an accompanying medical sufficiency statement from a MTF commander is required to determine initial eligibility and for inclusion in the application package.

1.13.2. In order to establish medical incapacity, the patient's illness must be substantial and truly disabling. In addition, the medical incapacity must occur before the individual's 21<sup>st</sup> birthday (or 23<sup>rd</sup> birthday if enrolled as a full-time student when incapacitation occurred). The Air Force doesn't consider a diagnosis of alcoholism/or drug abuse as an incapacitating illness for the purposes of dependency determinations. Future medical expenditures and a medical condition that will worsen don't justify a determination of medical incapacity.

1.13.3. The MTF provider should provide this information in the recommendation:

1.13.3.1. Diagnosis (use medical and layperson's terms).

1.13.3.2. Summary of the individual's incapacitation, including the nature and extent of the illness or disease. Non-medical personnel must be able to understand this summary.

1.13.3.3. Explain how the incapacity affects the individual's ability to perform routine life activities (working, attending school, driving a car, and so on).

1.13.3.4. Age when the incapacitation began (may not be the same as when medical personnel diagnosed the illness or disease).

1.13.3.5. Probable duration of the incapacitation. Indicate if the incapacity predated the individual's 23<sup>rd</sup> or 21<sup>st</sup> birthday and has been continuous since diagnosis.

1.13.3.6. Based on the health care provider's professional opinion, indicate if the incapacity makes the individual incapable of self-support.

1.13.4. Depending on the circumstances involved in the dependency determination, the MTF commander recommends one of the following endorsements:

1.13.4.1. If an incapacity existed before age 23 (or 21) and continues to exist: "The patient's condition is such that it establishes medical sufficiency. This individual is incapable of self-support because of a mental or physical incapacity that has existed on a continuous basis since before the individual's 23<sup>rd</sup> (21<sup>st</sup>) birthday and will be resolved within (estimate of years) years. If incapacity will not be resolved than conclude prior sentence with "...and will not be resolved in the foreseeable future."

1.13.4.2. If there is no incapacitating illness or/disease, "The patient's condition is such that it doesn't establish medical sufficiency."

1.13.4.3. If an incapacity exists now, but did not exist before age 23 (21): This individual is incapable of self-support because of a mental or physical incapacity that exists at this time. It is our opinion that this incapacity did not exist before the individual's 23rd (21st) birthday."

1.13.5. If possible, the MTF should provide the sponsor with the completed endorsement. If the MTF can't give the completed package to the sponsor, send the sponsor to:

1.13.5.1. The Accounting and Finance Office if the commander's endorsement supports the request.

1.13.5.2. The Military Personnel Flight if the commander's endorsement does not support the request.

The medical sufficiency statement that originally approved the permanent incapacitation should be filed in the Patient's medical record.

**1.14. Artificial Insemination.** The Air Force does not authorize the use of supplemental and cooperative care funds for Artificial Insemination (AI). In limited cases, Air Force teaching facilities provide AI with husband's semen (AIH). AI using semen from an unknown donor (AID) *cannot* be performed using military funding. Medical care continues for women who become pregnant as a result of artificial insemination. Availability of care is based on their beneficiary category.



## CHAPTER 2

### SECRETARY OF THE AIR FORCE DESIGNEE PROGRAM

**2.1. Program Operations.** Under appropriate circumstances, the Secretary of Defense (or his/her designee) and/or the Secretary of the Army, Navy, and Air Force may designate individuals not otherwise entitled, for DoD care in military medical treatment facilities. Under Section 8013 of 10 U.S.C., the Secretary of the Air Force has delegated authority and oversight responsibility for this program to the Administrative Assistant (SAF/AA).

2.1.1. Secretarial Designees from all Uniformed Services may receive treatment in Air Force MTFs. This includes Designees of the Secretary of the Navy. Individuals with a letter of Designation from any of these Secretaries may receive care in an Air Force MTF without the Secretary of the Air Force issuing a Designation. Designees approved by the Secretary of the Army must first reapply through the Secretary of the Air Force. Likewise, SAF Designee status doesn't entitle an individual to receive medical care in Army medical treatment facilities. Level of benefit and reimbursement rate is determined by the Service, using Service-specific criteria (see paragraph 2.2.)

2.1.2. Each approved Designee must have a signed letter from SAF/AA establishing eligibility for care. The letter will include: an effective date, period covered, an aeromedical evacuation determination and the rate (charges) for care. Letter must reflect that care is authorized at the designated MTF only.

2.1.3. Authorization doesn't entitle a Designee to utilize TRICARE Standard; however, it does include a supplemental care benefit for diagnostic procedures. Approved Designees receive space-available care at the MTF Commander's determination. Unless the authorization letter specifies otherwise, individual Designees may not use the aeromedical evacuation system. If this becomes a requirement after SAF/AA has approved the initial request, a supplemental Designee request must be submitted. Designated MTF personnel may contact HQ USAF/SGMA for assistance.

2.1.4. SAF/AA may authorize care for up to two years. This program is not intended to provide life-long medical care. Individuals may request renewal of Designee status and reapply for Designation as outlined in this chapter. Secretarial Designee requests will not be approved for financial or humanitarian purposes.

2.1.5. Individuals being considered for Secretarial Designee status (not currently eligible for care) will not receive treatment at Air Force MTFs until Designee status has been approved.

**2.2. Air Force Secretarial Designee Criteria.** Individuals, who meet one or more of the following criteria, may apply for Secretarial Designee status through the requesting MTF, using the format in paragraph 2.3.

**Military is Only Source of Care.** Patients for whom the military is the only source of care, for example, hyperbaric medicine, may seek Designee status.

2.2.1. **Teaching Case.** When the case presents a unique teaching opportunity for the MTF staff or residency programs, an individual may request Designee status. If the Air Force is submitting the case for teaching purposes, the MTF must include a statement from the department chairperson and the Chief of the Medical Staff, verifying the teaching significance of the case. For example, the case is critical for continued accreditation of a training program; is an extremely rare case; the case is a necessary

part of a training program protocol and the patient's case mix is not available in the beneficiary population. Care will, under most circumstances, be provided at the family member rate.

2.2.2. **Best Interest of the Air Force.** This category of Designees includes those for whom it is in the best interest of the Air Force to provide continued care. For cases when the justification is in the best interest of the government, include a letter from the MTF, per paragraph 2.3.1. below, addressing the effects of denying Designee status (e.g., litigation risk, cost, negative press coverage). Cases will be reviewed by the MTF law consultant or base Legal Office, and will be included as part of the Designee request. Care will, under most circumstances, be provided at the family member rate.

2.2.3. **Continuity of Care.** If continuity of care is a significant clinical issue in the individual's course of treatment and civilian medical care is not available or appropriate, this individual may request Designee status. For cases when the justification is continuity of care, the case must be medically supportable. Include a statement on the medical impact if the Air Force were to deny the individual Designee status. Care will generally be provided at the full reimbursement rate. Exceptions (who will be charged at the family member rate) will be made for:

2.2.3.1. newborns of eligible family member daughters\*

2.2.3.2. pregnant former Active Duty members and their newborns\*

2.2.3.3. spouses of former Active Duty and their newborns\*

2.2.3.4. family member daughters who became pregnant prior to losing eligibility, and their newborns\*

\* Designee status may be approved by MTF Commander or designated representative.

2.2.4. **Involuntary Separation.** When the discharge is administrative in nature (misconduct, weight management, etc., and the sponsor could have controlled the reason for the discharge) a pregnant sponsor or spouse will generally be charged the full reimbursement rate.

2.2.5. **Abused Family Members.** When the sponsor is discharged or separated from service for family member abuse, the abused individuals or those affected by the knowledge of the abuse may request a military identification card for medical care. The Military Personnel Flight will determine the benefit length of time. The health care eligibility is determined by the length of the abused family member's transitional compensation benefits (DoDI 1342.24).

2.2.6. **Alcohol Rehabilitation.** Alcohol rehabilitation treatment often requires that members of the family support the active duty member receiving treatment at an authorized DoD MTF. These family members may receive transportation to the treatment facility via aeromedical evacuation aircraft at no cost to them. However, these individuals must cover the costs of their transportation from their homes to the pickup point that the Theater or Patient Movement Requirements Center (PMRC) designates. The PMRC makes all reasonable attempts to keep ground travel times and distances to a minimum. Only one individual may receive transportation under this authority, exceptions require approval from HQ AMC/SG or designated PMRC.

2.2.7. **Former Spouses.** Certain former spouses (known as 20/20/20 or 20/20/15) and spouses of Reserve Component members are eligible for Designee status under limited conditions. Their applications for Designee status should be in the format provided at [Attachment 4](#). See AFH 41-114 for specifics.

2.2.8. Aeromedical Evaluations for Foreign Military Members. Foreign governments may request Designee status for their military members in order to receive aeromedical evaluations at the United States Air Force School of Air and Space Medicine's Research Laboratory at Brooks AFB, TX. The member's Embassy must submit a foreign visitor's request to the Secretary of the Air Force International Affairs Disclosure Division (SAF/IADC). SAF/IADC will notify the School of Air and Space Medicine's designated representative who will submit a Designee application to HQ USAF/SGMA. Please allow SAF/IADC 30 days to process the foreign visitor's request prior to the appointment date. Allow an additional 30 days for HQ USAF/SGMA to process the Designee request once received. In addition to the information required under **paragraph 2.3.1.**, the request must contain:

2.2.8.1. Nationality

2.2.8.2. Service affiliation

2.2.8.3. Age

2.2.8.4. Aeronautical rating.

2.2.8.5. Type of aircraft flown and total number of flying hours

2.2.8.6. Type of evaluation or test required

2.2.8.7. Date for which the applicant is requesting service

2.2.8.8. Where to report the results of the evaluation or test

2.2.8.9. Billing information

2.2.8.9.1. If the country has an open FMS case, the Air Force may bill the costs for the additional study to that case number. In other situations, the requesting country may have the Air Force bill costs to another US controlled fund or may have the bill sent to their Embassy. The applicant must provide billing information before the Air Force decides on the availability of the requested service.

2.2.9. Special Foreign Nationals. The Secretary of the Air Force may authorize Air Force health care benefits to foreign nationals considered to be critically important to the interests of the United States. The Secretary of the Air Force may use this authority for individual Designations, on a case-by-case basis. Such a Designation doesn't create a new category of beneficiaries.

2.2.9.1. Criteria for selection as a Secretary of the Air Force Designee for foreign nationals:

2.2.9.1.1. Foreign nationals nominated for Designee status must be Heads of State, Cabinet members (Minister), Chiefs of Staff of the Armed Forces, or hold equivalent positions

2.2.9.1.2. Appropriate health care must not be available in the nominee's country or in a civilian health care facility in the United States

2.2.9.1.3. The nominee or his government must agree to assume responsibility for payment of DoD health care services (at the FRR) and, if the individual requested and the Air Force approved the cost of aeromedical evacuation

2.2.9.2. Designation procedures:

2.2.9.2.1. Foreign governments seeking Designee status will submit requests to the State Department through the mission chief of the country involved. The request must contain the full name and title of the individual, an explanation of why the individual is critical to US

interests, the pertinent medical information, the billing address individual or office), and a certification that the nominee meets all of the necessary criteria.

2.2.9.2.2. Refer inquiries from foreign embassies in Washington, or other sources to the US Chief of Mission in the country concerned.

2.2.9.2.3. The State Department reviews the request and, if appropriate, refers it to the Office of the Assistant Secretary of Defense (Health Affairs) with a recommendation for approval.

2.2.9.2.4. The Office of the Assistant Secretary of Defense (Health Affairs) reviews the request and, if appropriate, refers it to the Secretary of the Air Force with a recommendation for approval.

2.2.9.2.5. If the Secretary of the Air Force approves the request, the Secretary's office forwards it to the Office of the Air Force Surgeon General for appropriate action. HQ USAF/SGMA prepares the request and assigns responsibility for moving the Designee through the Patient Movement Requirements Center to the specific overseas or CONUS MTF.

2.2.9.2.6. When the Secretary of the Air Force designates an individual as a beneficiary for Air Force health care under this paragraph, the benefit does not extend to the individual's family.

**2.3. Applying for Air Force Designee Status.** Submit applications for Designee status to HQ USAF/SGMA no later than 30 days prior to expiration of medical benefits or requested Designee start date. Application must contain the information in paragraph [2.3.1.](#) or [Attachment 5](#). MAJCOMs require MTFs/applicants to route requests through the Command Surgeon's office. Disapproval authority rests with MTF commanders and the command surgeon level for requests that do not meet the requirements of this chapter. The MTF commander signs the application and makes a specific recommendation as to whether Designee status is appropriate. Those applications that the MTF commander or MAJCOM disapproves don't go to HQ USAF/SGMA. Submit requests only if the MTF commander determines that there are facilities and professional capability to provide the care. HQ USAF/SGMA returns application results to the requesting MTF commander or MAJCOM so that the individual can be notified. File a copy of the letter in the individual's outpatient record.

2.3.1. The application must contain:

2.3.1.1. The patient's full name and relationship to sponsor.

2.3.1.2. Sponsor's full name, rank, branch of service, SSN, and status (active duty retired, deceased) and reason for discharge or separation.

2.3.1.3. The exact date Designee status should begin and recommendation for length of Designation.

2.3.1.4. Whether the patient requesting Designee status might require transportation on aeromedical evacuation. If so, include patient's home address.

2.3.1.5. Reason for Designation: for example, age (specify date of birth), marriage status, sponsor leaving the service.

2.3.2. The justification for the request: Identify the specific justification for the Designation using the criteria in paragraphs [2.2.](#)

2.3.3. Diagnosis: The application should include diagnosis in both clinical and layman's terms.

2.3.4. Case history: The application needs a brief (one or two paragraph) case history. For complex cases, attach a separate letter with additional details. Include a long-term prognosis, the patient's age when medical providers first diagnosed the problem, and when and where DoD sponsored care began. Histories must be understandable to non-medical personnel.

2.3.5. Name of attending physician

2.3.6. Medical specialty: Application should specify the type of medical specialist (orthopedics, pediatrics, etc.) who would provide care for the patient.

2.3.7. Name, rank, and duty phone (DSN and commercial) of the Secretarial Designee caseworker

**2.4. Secretary of Defense Designees.** These Designees receive care in all DoD medical treatment facilities. Faculty Members of the Uniformed Service University of the Health Sciences (USUHS) are Secretary of Defense Designees. Charges for services are at the interagency rate. (Family members of USUHS faculty are *not* Designees.). See paragraph 2.4.1. and 2.4.2. for details on restrictions/charges for other Secretary of Defense Designees

2.4.1. Recognition of Secretary of Defense Designees. The Secretary of the Air Force recognizes these Secretary of Defense Designees (family members are *not* included):

2.4.1.1. The President and Vice President

2.4.1.2. Members of the Congress

2.4.1.3. Members of the Cabinet as well as Deputy Secretary, and the Assistant Secretaries of Defense

2.4.1.4. The Under Secretary of Defense for Policy

2.4.1.5. The Under Secretary of Defense for Research and Engineering

2.4.1.6. The Secretaries, the Under Secretaries, the Assistant Secretaries, and the General Counsels of the Military Departments

2.4.1.7. Article III Federal Judges. Notify HQ USAF/SGM immediately if you treat an Article III Federal Judge. Article III Federal Judges have an identification card proving their association with one of the following courts: The Supreme Court of the United States, US Courts of Appeal, US District Courts, US Court of Claims, US Court of Customs and Patent Appeals, the US Court of International Trade

2.4.1.8. Judges of the US Court of Military Appeals

2.4.2. Applicable charges for Secretary of Defense Designees. The Secretary of the Air Force has authorized the individuals listed above to receive medical care and emergency dental care on a reimbursable basis.

2.4.2.1. For outpatient charges within the National Capital Region (Andrews and Bolling AFBs): charges waived.

2.4.2.2. For outpatient charges outside the National Capital Region:

2.4.2.2.1. Members of the Congress: FRR

2.4.2.2.2. All others: Interagency rate

2.4.2.3. For inpatient charges anywhere:

2.4.2.3.1. Members of the Congress: FRR

2.4.2.3.2. All others: Interagency rate

2.4.3. Aeromedical Evacuation. Aeromedical evacuation is authorized for the Secretary of Defense Designees listed above.

**2.5. Operating the Air Force Secretarial Designee Program Overseas.** The Secretary of the Air Force delegates authority to medical commanders at Headquarters United States Air Force Europe (HQ USAFE) and Headquarters Pacific Air Forces (HQ PACAF) for their respective theater, to designate individuals for care in overseas military MTFs. This authority does not extend to authorizing transportation to the CONUS. Commanders keep a log of individuals designated under this paragraph according to the instructions in this AFI. In general, commanders authorize admission to an Air Force MTF, if space, facilities, and professional staff capabilities are available. In the case of foreign nationals, care must not be available from a medical facility in their own country. Charges for foreign national care are at the FRR. In circumstances where it would serve the best interest of the overseas command, the commander may authorize charges at the subsistence rate.

2.5.1. US Citizens. The Air Force tries to keep the number of US citizens that the commander designates under this paragraph to an absolute minimum. Most US citizens that fall under this paragraph are returning hostages and individuals involved in prisoner exchanges. There may be some occasions when designating US citizens other than those above would be appropriate.

2.5.2. Foreign Nationals. Commanders who use the authority under this paragraph must issue guidelines on medical care for nationals of foreign governments. These guidelines must identify the categories of persons, both military and civilian, who have authorization for medical care within the provisions of this paragraph. Individuals, whom the commander designated under this paragraph, must contribute to the advancement of US public interests. Generally, only officials of high national prominence are made Designees. Sometimes, a commander grants Designee status when there are special, unusual, or extraordinary circumstances. The Air Force may not provide care for foreign nationals with incurable diseases or who require excessive nursing care. Commanders should seek recommendations from the chief of the diplomatic mission (Embassy) to the country involved before authorizing care to any foreign national. The Air Force collects charges for the Designee's care locally. The commander waives charges on an exception basis only.

**2.6. Designee Status Used in Claims Against the United States.** Individuals may seek Designee status in return for settling a claim against the United States. The Secretary of the Air Force will be very cautious in granting Designee Status and will do so in rare circumstances. Individuals or their representatives who are submitting the claim must request Designee status, which will only be granted by the Office of the Secretary of the Air Force. Air Force employees must not offer or suggest Designee status to any potential claimant.

2.6.1. If the Air Force MTF receives a request for Designee Status from a claimant, and all attempts to arrange or negotiate an alternative to the request are unsuccessful, then the office receiving the request should prepare an application and follow the procedures in this chapter. The application should include a specific statement as to what alternatives the MTF presented, and why they were

unsuccessful. The Secretary of the Air Force has delegated final approval of Secretarial Designee Status to the Administrative Assistant (SAF/AA). The Air Force won't finalize any settlement agreement that incorporates a Secretarial designation until SAF/AA approves the request.

## CHAPTER 3

### TRICARE RELATED SERVICES

**3.1. Medical Treatment Facility Non-availability Statement (NAS)** , to TRICARE eligible beneficiaries. A valid NAS is issued by the commander (or designee) of an MTF certifying that a specific inpatient service is not available at the MTF to a TRICARE Standard beneficiary at the time the beneficiary requires the service. An NAS is *not* an authorization for TRICARE benefits. Without an NAS, TRICARE claims will not be paid for non-emergency inpatient care rendered to TRICARE Standard beneficiaries residing at the time of care in a U.S. Postal Service Zip Code area listed as a part of an MTF catchment area defined in the "Catchment Area Directory." NAS' "marry up" with claims in a variety of ways such as through DEERS, or they accompany the claim, or in the case of electronic media claims or UB-92s, there is an endorsement on the claim that the NAS is on file with the provider. NAS' are issued electronically through a DEERS or CHCS automated NAS system within the United States (CONUS, Alaska, Hawaii and Puerto Rico). Copies of NAS' shall continue to be required and attached to foreign claims. NAS' are not required: 1) for medical emergency admissions, such as heart attacks, etc.; 2) when beneficiaries have another health insurance plan that provides primary coverage for the cost of their medical services; or 3) for TRICARE Prime enrollees, even when they use the point of service option; or 4) when a primary care or specialty provider refers a patient to a specialty provider that is part of the network of health care providers or institutions of the managed care support contractor.

3.1.1. NAS for Maternity Care. A beneficiary, who lives in an MTF catchment area and is not enrolled in TRICARE Prime, requires an NAS for TRICARE to cost-share non-emergency health care services related to outpatient prenatal, outpatient or inpatient delivery, and outpatient postpartum care subsequent to the visit which confirms the pregnancy. Maternity services provided in a birthing center or at home also require an NAS.

3.1.2. NAS for Newborn Care. In the event that a newborn remains in the hospital continuously after discharge of the mother, the mother's NAS is valid for the newborn's care in the same hospital for up to 15 days after the mother's discharge. Beyond this 15-day limit, a claim for non-emergency inpatient care requires a valid NAS in the infant's name.

3.1.3. NAS Validity. NAS' are valid for hospital admissions occurring within 30 days of issuance and remain valid from the date of admission until 15 days after discharge from the hospital. For maternity episodes, an NAS is valid from the date the patient is entered into a prenatal care program (entered as the date of admission) with a civilian provider and remains valid until 42 days following termination of the pregnancy. NAS' for maternity care should be issued not earlier than 30 days before the first prenatal visit.

3.1.4. Appropriateness of NAS. The Air Force issues NAS' to TRICARE Standard beneficiaries when the MTF does not have proper facilities (equipment, beds, and so on) or the professional capability (because of excessive waiting lists, staff shortages, or the like) to provide inpatient care. The Air Force also issues an NAS when the MTF commander (or designee) determines that it is clinically inappropriate to deny the NAS.

3.1.4.1. DoD policy requires 100 percent eligibility verification (ID card and DEERS Check) for DD Form 1251 issuance. Enter the date and the result of the DEERS check in the "remarks" section of the NAS. Issue a "conditional" NAS as appropriate under local commander policy.



3.1.5. Retroactive NAS'. A retroactive NAS is issued *only* if the services listed could not have been rendered in the MTF, or it would have been clinically inappropriate to seek MTF admission at the time services were delivered from civilian sources.

3.1.5.1. DoD policy requires 100 percent eligibility verification (ID card and DEERS checks) for retroactive DD Form 1251 issuance. Enter the date and the results of the DEERS check in the "remarks" section of the NAS.

3.1.6. NAS Appeals. A patient may appeal the denial of an NAS. The first-level appeal for decisions surrounding NAS issuance is the MTF Commander, the second-level appeal is the TRICARE regional Lead Agent, and the third and final level of appeal is the Service Surgeon General having responsibility for the TRICARE region in which the appeal is generated. In those cases where the TRICARE Lead Agent is the first level of appeal, the Service Surgeon General having responsibility for the TRICARE region is the second-level appeal, the third level of appeal is the Deputy Assistant Secretary of Defense (Health Services Financing).

**3.2. Resource Sharing/Resource Support Program.** The Resource Sharing and Resource Support (RSRS) Programs are established to allow MTF Commanders to use medical personnel, equipment, or supplies provided by the Managed Care Support Contractor (MCSC) for the purpose of enhancing the capabilities of MTFs to provide needed inpatient and outpatient care to MHS patients.

3.2.1. Resource Support: A task-ordering mechanism, which allows MTF commanders to contract services and/or supplies from the MCSC. All resource support agreements are funded from the MTFs Operation and Maintenance (O&M) funds. MTF commanders are encouraged to pursue resource sharing agreements with their MCSC prior to entering into contracts with other agencies for services, which the MCSC can provide.

3.2.2. Resource Sharing:

3.2.2.1. Resource sharing agreements must be beneficial for both the MCSC and the MTF. Associated costs are risk-shared between the MTF and the Contractor through Bid Price Adjustments (BPAs).

3.2.2.2. External Resource Sharing. An external Resource Sharing Agreement allows military providers to treat TRICARE beneficiaries in civilian health care settings. Authorized costs associated with the use of civilian facilities are cost-shared through TRICARE.

3.2.2.3. Internal Resource Sharing. An internal Resource Sharing Agreement permits civilian health care providers to deliver care inside a uniformed service MTF to TRICARE beneficiaries. TRICARE pays the civilian provider for patient visits. The patient incurs the same charges as would be applicable if treated by a military health care provider.

3.2.3. MTFs must submit all RSRS proposals to their MAJCOM for coordination/approval during the proposal phase, prior to signing any RSRS agreement with a contractor. This can be accomplished at the same time that the proposal is being reviewed by the Lead Agent. Proposals submitted to the MAJCOMs must include the contractor's cost analysis to include the projected cost impact with and without Resource Sharing. Any unfunded requirements needed to initiate the proposal must also be identified.

3.2.4. MAJCOMs have seven (7) days from the date of receipt of a specific RSRS proposal to review and approve/disapprove. In emergency or contingency situations, MAJCOMs must complete their

review within two (2) work days. If a proposal has not been acted upon by a MAJCOM within these specified time periods, MTF commanders and Lead Agents may consider the proposal as approved and proceed with the execution of an agreement. Reasons for approval/disapproval of a proposal should be clearly identified and stated in a formal written response back to the MTF and Lead Agent. MAJCOMs will identify any unfunded requirements associated with a Resource Sharing proposal to HQ USAF/SGMC.

3.2.5. MTFs must focus on adherence to Resource Sharing agreements currently in place and avoid shifting active duty staffing support (as specified in the agreement) out of the Resource Sharing work center; e.g., MTFs requesting MCSC to add staff to agreements when a military support staff member was shifted from the resource sharing clinic to another location. The resulting concern relates to granting workload credit in excess of 100% to the contractor, which offsets reduced profitability of an existing agreement. Granting over 100% workload credit is discouraged and only considered on a case by case basis which includes the following steps:

3.2.5.1. MTFs may submit requests to their Lead Agent for evaluation, initial validation of an inability to meet the need through alternative methods (civilian hire, etc.) and financial analysis.

3.2.5.2. Upon Lead Agent approval, the package is forwarded to the appropriate intermediate command to evaluate the larger "resourcing picture."

3.2.5.3. If excess workload credit remains the most feasible option, the request with supporting documentation is forwarded to HQ USAF/SGMC level. HQ USAF/SGMC is in the final decision loop to determine which alternative is used to offset the lost capability.

### **3.3. Beneficiary Counseling and Assistance Coordinator (BCAC) , formerly Health Benefits Advisor (HBA).**

3.3.1. General Roles. As developed between the Services and TMA, the following are general roles BCACs are expected to fulfill in carrying out their duties.

3.3.1.1. Serves as a beneficiary advocate and problem solver, providing dedicated service to all MHS beneficiaries. Ensure TRICARE information and assistance to access health care services is available to all eligible beneficiaries.

3.3.1.2. Receives inquiries directly from beneficiaries, DoD Components, other agencies, and various interested parties.

3.3.1.3. Coordinates with appropriate points of contact throughout the MHS, (i.e. Managed Care Support Contractor (MCSC) points of contact, Lead Agent, MAJCOM, Fiscal Intermediary, Service point of contact) to best meet beneficiary needs for information or assistance.

3.3.1.4. Facilitates issue resolution through open communication with all involved parties.

3.3.1.5. Provides information to newly assigned medical providers of the uniformed services; for example, local MTF referral policies, and Air Force instructions on health care. Conducts briefings on health benefits for active duty and Air Reserve Component (ARC) members and their families in the event of mobilization. Stresses availability of TRICARE supplemental policies when briefing retirees and other beneficiaries. Provides TRICARE For Life information to over 65, Medicare-eligible retirees.

3.3.1.6. Helps beneficiaries resolve concerns when they are not satisfied with health care services provided by other parties.

3.3.1.7. Counsels beneficiaries regarding their TRICARE benefit, consulting with other agencies as needed, to clarify information on the TRICARE benefit (to include options such as TRICARE Prime Remote, TRICARE For Life, Dental Programs, and other Demonstrations/ Projects, etc.).

3.3.1.8. Works with functional experts to provide enrollment, beneficiary program counseling, and claims processing assistance. BCACs will describe or seek clarification on eligibility requirements and benefits based on the category of beneficiary seeking assistance.

3.3.1.9. As directed, responds to beneficiary, provider, and congressional inquiries on TRICARE matters.

3.3.1.10. Addresses access to healthcare complaints, ensuring that beneficiaries get the appropriate benefits and services to which they are entitled.

### 3.3.2. Operational Activities

3.3.2.1. Use current and correct information received from Lead Agent BCACs on TRICARE regulations and policies as needed.

3.3.2.2. Coordinate with Lead Agent BCACs who act as the liaison to resolve issues with MCSCs, Fiscal Intermediaries, the Services, and other concerned parties, when such issues cannot be resolved at the MTF level.

3.3.2.3. Follow-up and troubleshoot claims, enrollment, authorization problems or other system problems that are exceedingly complicated, unduly delayed, or inappropriately handled through primary program managers/systems.

3.3.2.4. Bring identified systemic problems to the appropriate Lead Agent or MTF point of contact.

3.3.2.5. Support analysis, research and resolution of TRICARE inquiries, regardless of method received; i.e., walk-in, written, telephonic, and/or electronic (e-mail).

3.3.2.6. Provide information and assistance based on personal, written, or telephone inquiries; address inpatient and outpatient care based on TRICARE program elements.

3.3.2.7. Maintain statistical data and generate reports for Lead Agent BCAC and MTF Commander on workload volume and categories of issues encountered.

3.3.2.8. Use information gleaned from reports (3.3.2.7.) to make suggestions for developing marketing/beneficiary education efforts to improve understanding of issues.

3.3.2.9. Maintain formal documentation process for tracking actions and problem resolution.

3.3.2.10. Ensure external communications are consistent with the strategies and objectives established by Air Force Medical Service, MTF Commander, TRICARE Management Activity and Lead Agents.

### 3.3.3. Contacts Required in the Performance of BCAC Duties

3.3.3.1. Facilitate ongoing, appropriate and effective communication with Lead Agent BCACs, TSCs, MCSCs, and others for issue coordination and resolution. As needed, they will coordinate with subject matter experts on issues.

3.3.3.2. Keep the MTF chain of command and Lead Agent BCAC informed of ongoing issues and special cases.

3.3.3.3. Maintain a continuing cooperative relationship with various agencies to include Office of the Lead Agent, Service Surgeon General offices, MTFs, TSCs, MCSC regional and corporate offices, TRICARE Management Activity, Social Security Administration, Medicare, Department of Veterans Affairs, Dental Agencies, Fiscal Intermediaries, and Congressional field offices.

#### 3.3.4. Claims Assistance

3.3.4.1. Provide or direct communication for information on healthcare services covered and excluded from TRICARE and convey how these benefits and policies integrate with other health care sources. Explain what costs and responsibilities must be borne by the beneficiary when enrolling in TRICARE Prime or Plus, or accessing services under the Extra or Standard TRICARE options, to include TRICARE as second payer to Medicare for over 65-year-old, Medicare-eligible retirees.

3.3.4.2. Explain to and assist beneficiaries in understanding the TRICARE claims process, to include such things as information on resolving unpaid healthcare claims, pre-authorization requirements, and third-party liability.

3.3.4.3. Assist with resolution of DEERS problems, which could result in denial of claims (medical or dental).

3.3.5. Appeals and Grievances. BCACs will explain appeals and grievance procedures and advise beneficiaries on their appropriate use.

#### 3.3.6. Knowledge and Skills Required

3.3.6.1. Expert knowledge of the TRICARE program policies, and reference manuals.

3.3.6.2. In-depth knowledge, experience, and training to handle and solve complex cases that arise when addressing healthcare benefit issues.

3.3.6.3. Tact, diplomacy, and restraint in counseling and explaining entitlements, benefits, and responsibilities to all customers.

3.3.6.4. Understanding of the military health system and TRICARE program elements. Requires completion of the TRICARE Basic Student Course via online TRICARE University or attendance in residence.

3.3.6.5. Master of oral and written communication and customer service principles, methods, practices and techniques analytic methods, to include using research tools and statistical analysis and, interpersonal relations practices.

3.3.6.6. Practical knowledge and understanding of TRICARE contract language, regional health care issues and initiatives, and other federal health benefits programs.

3.3.6.7. Knowledge of basic principles and practices relating to the entire military health care delivery system.

3.3.6.8. Knowledge of TRICARE healthcare claims processing regulations, procedures, and policies to assure payment of legitimate claims.

3.3.6.9. Knowledge of region-specific TRICARE contracts relating to authorized benefits and requirements needed to obtain healthcare.

### 3.3.7. Complexities Associated with the BCAC Position

3.3.7.1. Positions require that BCACs remain abreast of continual updates/changes to the variety of health benefits programs available to the beneficiaries, at the appropriate HA, TMA, regional, MTF level.

3.3.7.2. Positions require the ability to organize, prioritize, complete, and track multiple complaints, issues and projects.

3.3.7.3. BCACs exercise a great deal of initiative, independence, and considerable judgment in interpreting issues and adapting existing practices and precedents, using these skills as a foundation for developing approaches that integrate all aspects of TMA's objective to establish a unified beneficiary services program.

3.3.7.4. Requires ability to prioritize and reconcile benefit issues, working through different sources/agencies.

3.3.7.5. Guidelines and regulations, used by BCACs in the conduct of their duties, are often complex and under continuous change, cover many different programs, and may require the use of extensive interpretive judgment.

### 3.3.8. Resources Available to Assist the BCAC in Providing Services

3.3.8.1. Health Affairs/TRICARE policy and program documents, MCSC contracts, DoD documents, directives, manuals and Service-level instructions are the BCACs most frequently used documents. The BCAC is also guided by general policy statements and statutory mandates, such as general guidance found in DoD instructions pertaining to correspondence. Applicable TMA Operations and Policy Manuals are also used, as well as, the appropriate Code of Federal Regulations and AFI 41-210.

3.3.8.2. MTF BCAC roles and responsibilities defined by MTF Commanders, under the guidance of the Air Force Medical Service.

### 3.3.9. Case Resolution Activities.

3.3.9.1. The BCAC initially contacted assumes responsibility for the beneficiary case and/ or inquiry from the time of initial contact until the issue is resolved.

3.3.9.2. BCACs will assign a case identifier to each beneficiary case, using a Service/TMA developed database or program. BCACs will track cases, categorizing caseload by data elements and timeliness of resolution.

3.3.9.2.1. After assignment of a case identifier and initial data entry, some cases may need to be forwarded to Lead Agent BCACs for resolution.

3.3.9.2.2. Follow processes established by MTF Commanders to ensure tracking and timeline requirements of all cases received from Lead Agents.

3.3.9.2.3. BCACs will comply with case completion time requirements as follows: Resolve "Priority" cases, i.e., those cases forwarded on behalf of a beneficiary by OSD (HA), TMA, members of Congress or those otherwise designated as Priority by the Lead Agent/MTF Com-

mander, within ten (10) calendar days. Resolve Routine issues within thirty (30) calendar days.

3.3.10. The BCAC accepting a specific case is responsible to notify the beneficiary of case closure and determine satisfaction with case outcome via an oral, written or automated process.

3.3.11. Provide required reports (see 3.3.2.7.), based on established methodology, to Lead Agents to support MHS-wide reporting. TMA (C&CS) will create and distribute regional and Service-specific reports, based on data input received from Lead Agents.

3.3.11.1. BCACs will generate MTF-specific ad-hoc reports as required by MTF Commanders to meet specific needs.

**3.4. Debt Collection Assistance Officers (DCAOs).** DCAOs are mandated at each MTF and Lead Agent office. Upon notification and presentation of appropriate documentation of a debt collection or adverse credit rating issue due to an unpaid TRICARE bill, DCAOs receiving the case assume responsibility and work it to conclusion. An implementation and training guide is available on the TMA web site, <http://www.tricare.osd.mil/dcao>. Access is restricted to DCAOs and not for public use. DCAOs should contact their Lead Agent for instructions to access this website. DCAOs will document all required information for each case with which they are involved in the provided software.

**3.5. The TRICARE Dental Program (TDP).** The TDP is a congressionally mandated program that provides dental benefits for eligible family members of active duty personnel of the seven Uniformed Services, Selected Reserve and Individual Ready Reserve (IRR) members and their family members. Active duty members are not eligible for the TDP. The TDP replaces the TRICARE Family Member Dental Plan and the TRICARE Selected Reserve Dental Program. The delivery of dental care services under the TDP will begin on 1 February 2001 in both CONUS and OCONUS. To be eligible for the TDP, the sponsor must have at least 12 months remaining on his or her service commitment at the time of enrollment. The TDP is a voluntary prepaid dental insurance program that requires monthly payroll deductions or direct billing in certain circumstances for the dental premium payment. The amount of the premium is based upon the type of plan selected - individual or family. TDP enrollees will be required to pay a cost-share for certain dental services and E1-E4 will have reduced cost shares for endodontics, periodontics, and oral surgery services. For more information on eligibility and benefits associated with this program, see **Chapter 1** of this instruction, and the TDP Benefits Booklet.

3.5.1. Program Operation Policy. The TDP operates in strict compliance with Section 1076a of 10 U.S.C., the contractual requirements that the TRICARE Management Activity has identified, 32 CFR 199.13, and DoD policy.

3.5.2. Enrollment Applications. The TDP contractor is responsible for all enrollment functions. Enrollment applications may be obtained through local dental treatment facilities, Uniformed Services personnel offices or by contacting the contractor.

3.5.3. Automatic termination for TDP:

3.5.3.1. Release from active service: Retired, Permanent Disability Retired List (PDRL), Temporary Disability Retired List (TDRL), Transition Assistance Management Programs (TAMP), Loss of active duty pay (Desertion, Appellate Leave, Prisoner). NOTES:

3.5.3.1.1. Sponsor died while serving on active duty, TDP coverage continues for and additional 12 months following the last day of the month of death. In this instance, the family members must have been enrolled in the TDP at the time of death.

3.5.3.1.2. Members of Retired sponsors: TDP coverage is terminated the last day of the month upon effective retirement date.

3.5.4. Premium Cost Background:

3.5.4.1. Congressional legislation establishing the dental plan, directed premium costs be shared by the government and the military sponsor.

3.5.4.2. The government share is 60 percent while members are responsible for the remaining 40 percent. Selected Reserve and IRR family members and IRR (other than Special Mobilization Category) pay 100% of the premium.

3.5.5. Types of Premiums. Eligible members are enrolled in the TDP as single or family.

3.5.5.1. Single Premium. Sponsors can enroll a single family member by applying under the individual plan. The individual premium will automatically change to family premium when the second family member reaches age 4, providing DEERS data is current on sponsor and family members. Individual premium enrollment is for one family member only or for a Selected Reserve or IRR member

3.5.5.2. Family Premium. Sponsor can enroll their family members by applying under the family plan. Family premium is for two or more family members.

3.5.6. Program Management. For guidance on program operation, eligibility, and responsibilities, see 32 CFR 199, Part 13.

**3.6. Military Treatment Facilities (MTF) Volunteers.** The MTF commander directs the facility volunteer program. Volunteers supplement existing programs, expand limited programs, or implement new activities in the MTF.

3.6.1. Volunteer groups may include the Retiree Activities Office (RAO), American Red Cross (ARC), officer and enlisted spouses, or similar groups. MTF CC will ensure that all volunteer activities within the MTF are coordinated with the MTF function responsible for JCAHO compliance and with the nearest Staff Judge Advocate/Medical Legal Consultant (SJA/MLC) to ensure compliance and identify possible ethical, medical, or legal factors involving the use of volunteers.

3.6.2. For additional information on the Retiree Activities Program, contact the local Retiree Activities Office. Local Red Cross Chapters should contact the regional Red Cross Office. All MTF volunteer activities must follow specific policy in their administration and operation. In establishing this policy the MTF commander should seek the assistance of the SJA/MLC. This policy ensures the protection of the volunteers from personal liability for injuries they may cause while acting within the scope of their authority. Local volunteer directives should, at a minimum, define:

3.6.2.1. The role of the volunteer.

3.6.2.2. The scope of the volunteer's authority and the limits of volunteer responsibilities (should be the basis of the policy governing volunteer activities).

3.6.2.3. The chain of command and lines of communication between the volunteer representatives and the Air Force Medical Service (including the appointment of a volunteer coordinator), as well as the day-to-day supervision of the volunteer.

3.6.2.4. Specific training or qualification standards.

3.6.2.5. Applicable rules and regulations governing volunteer activities, including MTF privileging, certification, or licensure as appropriate.

**3.7. Changes in Clinical Services** . Congressional reporting is no longer required. Approval authority for changes in clinical services has been delegated by Assistant Secretary of Defense for Health Affairs, OASD(HA), to the Secretaries of the Army, Navy, and Air Force. The Secretary of the Air Force has further delegated approval authority to the Assistant Secretary of the Air Force for Manpower, Reserve Affairs, Installations, and Environment (SAF/MI).

3.7.1. MTFs shall submit packages through MAJCOMs and coordinate them with their respective Lead Agents when requesting changes in health care services according to the following criteria:

3.7.1.1. Permanent changes in services, which significantly affect the current annual volume of care, provided to one or more categories of beneficiaries at an MTF for one or multiple specialty or ancillary service(s).

3.7.1.2. Changes, which impact users in a way that may stimulate local public or congressional objections.

3.7.1.3. Temporary closures of services that are projected to last 90 days or more, or for an indefinite period.

3.7.2. MAJCOMs and MTFs should include projected changes in services in their strategic planning documents, such as strategic plans, business plans, and/or strategic resourcing portfolios. Notify HQ USAF/SGMA as soon as possible of any projected changes in service, keeping in mind the various planning cycles involved in accommodating changes. The planning cycles include at least three fiscal years prior to facility modifications which involve major construction projects, at least two years prior to the current fiscal year for manpower and financial resources, and at least 12 months in advance for personnel assignments. The content and submission requirements for change in service requests shall vary depending on impact and cause of the proposed change.

3.7.2.1. Change in service requests shall include information as outlined below (para [3.7.3.](#)) and must arrive at HQ USAF/SGMA at least six months *prior to* the proposed effective date when the change involves significant downgrading or upgrading in level of services. This includes downgrading from hospital to clinic, permanent closure of services, and adding a service which has been previously unavailable at the facility.

3.7.2.2. Abbreviated requests or notifications (minimum required content indicated by asterisked items listed below in para [3.7.3.](#)) may be submitted for any changes in service which result in minor changes in type of services (such as discontinuing a subspecialty service) or for any changes resulting from circumstances out of the control of the MAJCOM or MTF. This includes actions due to Program Budget Decisions (PBDs), economic analyses for Military Construction Projects (MCPs), and for situations described below in para 3.8.6. Abbreviated requests or notifications should be coordinated through respective MAJCOMs, with information copies sent to Lead



Agents, and should arrive at HQ USAF/SGMA not later than 90 days prior to the effective date of the change.

3.7.2.3. If a temporary change in services occurs as a result of sudden staffing changes or reassignments, equipment breakdowns, supply shortages, or other unexpected circumstance, immediately notify the Lead Agent, MAJCOM, and HQ USAF/SGMA, and prepare an abbreviated package as soon as possible but arriving at HQ USAF/SGMA no later than 30 days following the change. If the change eventually results in a permanent closure of services, a more detailed package is required within 90 days of the original closure.

3.7.3. MTFs will submit written request packages, already coordinated with their Lead Agents, through MAJCOMs to HQ USAF/SGMA, who will then prepare requests for SAF/MI approval. The following information shall be included or addressed as outlined in para 3.7.2.:

3.7.3.1. Name and location of the facility.

3.7.3.2. Type of change in service and, if applicable, MEPRS specialty area.

3.7.3.3. Proposed effective date of change and/or the estimated duration of the change.

3.7.3.4. Reason/justification for change.

3.7.3.5. Summary of impact on beneficiaries, including access and quality of alternatives and difference in cost, if any (such as estimated increase or decrease in out-of-pocket expenses).

3.7.3.6. Evidence of briefing and feedback of wing/line commanders and beneficiary groups supported by MTF (such as retiree and veterans associations and staff of congressional field offices), and concerns resolved or addressed by MTF; may include beneficiary marketing and education plan in package.

3.7.3.7. Impact on readiness capability, including how training needs will be affected and/or addressed to maintain technical and clinical skills and currency, knowledge, and tasks required for wartime, enhancement of a fit force, and improvements in force protection.

3.7.3.8. Description of how the change(s) is/are consistent with the overall health services mission and strategy for the medical facility, MAJCOM, DoD Health Services Region, Air Force, MHS, etc., including implementation of new and innovative ways for promoting better health among beneficiaries and the military community.

3.7.3.9. Estimated workload changes, by MEPRS specialty area and beneficiary category, including number of nonavailability statements (NAS'), beneficiary visits, admissions, bed days, and/or ancillary service work units. Beneficiary categories should include active duty (AD), non-CHAMPUS eligible, and CHAMPUS-eligible, with the latter broken down into active duty dependents (ADD), and non-active duty dependents (NADD).

3.7.3.10. Projected savings (or cost) to the government, by fiscal year, resulting from the change, including operations and maintenance funds (including civilian staffing), military staff (MILPERS), impact from estimated bid price adjustment, and MILCON costs, if applicable. Submit all calculations used in determining final estimates, including methodology for both full and marginal cost estimates.

3.7.3.11. Net manpower, equipment, and facilities resources resulting from the proposed change, and projected methodology for redistributing resources, if applicable; include how surplus resources will be used in other functions or eliminated.

3.7.3.12. Analysis of alternative ways to provide care to the beneficiaries affected, including projected increases in cost or each alternative, as well as, the financial implications to the beneficiary.

3.7.3.12.1. Quality and Utilization of Services: provider qualifications, accreditation, preventive measures, health outcomes, beneficiary satisfaction, and projected volume and level of care based on beneficiary needs and/or referrals.

3.7.3.12.2. Cost: government as well as beneficiary savings or costs.

3.7.3.12.3. Access: availability of civilian or other federal healthcare providers in community, including options such as DoD/VA sharing, contracting, TRICARE resource sharing or resource support agreements.

3.7.3.12.4. Other: local market factors which may influence the use of alternatives. Unsure if this is correct, non-bulletized format...Quality, cost, access and other are sub-"things" that must be projected.

3.7.3.13. Projected impact in terms of increased reliance on TRICARE managed care support contract and/or Medicare providers in the service area in which the MTF is located.

3.7.3.14. Long term costs/savings in infrastructure such as information systems requirements, contracts, and facilities (including minor construction, major repair or military construction projects) currently underway, recently completed, and/or planned.

3.7.3.15. Explanation of how the change is/is not consistent with the MTF strategic resourcing portfolio (SRP), business plan, goals and objectives, etc.

3.7.4. MTFs shall coordinate requests through their respective Lead Agent. Lead Agent input may include, but is not limited to:

3.7.4.1. How the change is/is not consistent with the Lead Agent business plan/strategic plan/regional health plan, including comparison with any regional alternatives or initiatives, particularly those involving the TRICARE managed care support contractor.

3.7.4.2. Impact on bid price adjustment risk sharing with the managed care support contractor, and (if available) the net negative or positive cost impact to the region and/or another DoD MTF, particularly in overlapping catchment areas.

3.7.4.3. Coordination/feedback from other Services or MAJCOMs, particularly if impacting GME programs Recommendation, including estimated timeline.

3.7.5. MAJCOMs must submit evidence of coordination with MAJCOM commanders (through MAJCOM/XP) and shall include in their evaluation:

3.7.5.1. Impact on readiness baseline and how MAJCOM proposes to make any necessary changes to operational mission within the command to accommodate change.

3.7.5.2. Validation of MILPERS disposition, i.e., if MILPERS savings are expected and, if applicable, how MAJCOM proposes to redistribute resources in accordance with projected limits to downsizing force IAW AFMS rightsizing efforts, Base Realignment and Closure (BRAC) plans, and other factors.

3.7.5.3. Explanation of how the change is/is not consistent with the MAJCOM business plan/strategic plan/strategic resourcing portfolio.

3.7.6. Changes in services which are made under the following circumstances do not require prior notification to HQ USAF/SG and SAF/MI approval, but shall be promptly reported along the chain of command. If the facility is closing, information listed in para 3.7.3. shall be included in the basic operating plan for the closure or realignment of the facility:

3.7.6.1. A facility rendered structurally unsound by a natural disaster.

3.7.6.2. A change in a Status of Forces Agreement.

3.7.6.3. An initial response to an emergency deployment of healthcare personnel.

3.7.6.4. A change in local THREATCON (threat condition).

PAUL K. CARLTON, JR., Lieutenant General, USAF, MC, CFS  
Surgeon General

**ATTACHMENT 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Public Law 97-174, *Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act*

Title 32 to the Code of Federal Regulations, Part 199 (32 CFR 199). *Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)*

Title 10, United States Code, Chapters 151, 55 and section 8013, current edition

Title 20, United States Code, Sections 927 (c), 1401, current edition

Title 31 United States Code, Section 1535 and 686, *The Economy Act*, current edition

Title 38 United States Code, Section 8111, *Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act*, current edition

Title 42, United States Code, Sections 2651 through 2653, current edition

Executive Order (EO) 11733, July 30, 1973

Federal Medical Care Recovery Act (FMCRA)

DoD Instruction 1010.13, *Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent Schools Outside the United States*, with Change 1, August 28, 1986

DoD Instruction 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas*, 12 Mar 1996.

DoD Directive 1342.13, *Eligibility Requirements for Education of Minor Children in Overseas Areas*, July 8, 1982, with Changes 1 and 2 (Administrative re-issuance incorporating through Change 2, 29 Jul 1992).

DoD Directive 3025.13, *Employment of Department of Defense Resources in Support of the United States Secret Service*, September 13, 1985

DoD 4515.13-R, *Air Transportation Eligibility*, Chapter 5, *Aeromedical Evacuation*, Nov 1994, with Change 1

AFPD 41-1, *Health Care Programs and Resources*

AFH 41-114, *Military Health System (MHS) Matrix*

AFI 11-403, *Air Force Air and Space Physiological Training Program*

AFI 36-2910, *Line of Duty (Misconduct) Determination*

AFI 36-3025, *TRICARE Active Duty Family Members Dental Plan (TADFMP)*, 1 Jul 1997. (TADFMP Program Evidence of Coverage (EOC) Booklet

AFI 36-3026, *Identification Cards for Members of the Uniformed Services, Their Family Members and Other Eligible Personnel*

AFI 36-401, *Employee Training and Development*  
AFI 48-123, *Medical Examination and Standards*  
AFI 51-502, *Personnel and Government Recovery Claims*  
AFCSM 36-699, Volume 1, *Personnel Data Systems*

### ***Abbreviations and Acronyms***

**AAFES**—Army and Air Force Exchange Service  
**ADT**—Active Duty for Training  
**AFI**—Air Force Instruction  
**AFMOA**—Air Force Medical Operations Agency  
**AFPC**—Air Force Personnel Center  
**AGR**—Active/Guard Reserve  
**ANG**—Air National Guard  
**ARF**—Air Reserve Forces  
**CAP**—Civil Air Patrol (USAF Auxiliary)  
**CHAMPUS**—Civilian Health and Medical Program of the Uniformed Services  
**CONUS**—Continental United States  
**DBMS**—Director of Base Medical Services  
**DEERS**—Defense Enrollment Eligibility Reporting System  
**DR**—Dependent Rate  
**DSN**—Defense Switched Network  
**DVA**—Department of Veterans Affairs  
**EAD**—Extended Active Duty  
**FECA**—Federal Employees Compensation Act  
**FMS**—Foreign Military Sales  
**FOPR**—Full Outpatient Rate  
**FRR**—Full Reimbursement Rate  
**FSR**—Full Subsistence Rate  
**IAR**—Interagency Rate  
**IAOPR**—Interagency Outpatient Rate  
**IDT**—Inactive Duty for Training  
**IMET**—International Military Education and Training  
**INF**—Intermediate Range Nuclear Forces

**IR**—Immunization Rate

**ITO**—Invitation Travel Order

**LOD**—Line of Duty

**MCSS**—Military Clothing Sales Store (Base Exchange)

**MRE**—Meals, Ready to Eat

**MTF**—Medical Treatment Facility

**NAF**—Non-appropriated Fund

**NATO**—North Atlantic Treaty Organization

**NOAA**—National Oceanic and Atmospheric Administration

**OASD(HA)**—Office of the Assistant Secretary of Defense for Health Affairs

**OCHAMPUS**—Office of the Civilian Health and Medical Program of the Uniformed Services

**OTS**—Officer Training School

**OWCP**—Office of Workers Compensation Program

**PCS**—Permanent Change of Station

**PMRC**—Patient Movement Requirements Center

**RC--**—Reserve Component (includes reserve and guard components from all military services)

**ROTC**—Reserve Officer Training Corps

**SATP**—Security Assistance Training Program

**SR**—Subsistence Rate

**SSN**—Social Security Number

**TAD**—Temporary Attached Duty (Navy term for TDY)

**TDRL**—Temporary Disability Retired List

**TDY**—Temporary Duty

**TMA**—TRICARE Management Activity

**US**—United States

**USA**—United States Army

**USAF**—United States Air Force

**USC**—United States Code

**USCG**—United States Coast Guard

**USHBP**—Uniformed Services Health Benefits Program

**USMTF**—Uniformed Service Medical Treatment Facility

**USMC**—United States Marine Corps

**USN**—United States Navy

**USO**—United Services Organization

**USPHS**—United States Public Health Service

**USS**—United Seamen's Service

**USFHP**—Uniformed Services Family Health Plan

**VISTA**—Volunteers in Service to America

### *Terms*

**Active Duty**—Full-time duty in the active military service of the United States. It includes Federal duty of the active list (for National Guard personnel), full-time training duty, annual training, and attendance while in the active military Service at a school designated as a service school by law or the Secretary of the Military Department involved. As it relates to medical care, the term Active Duty does not include Inactive Duty for Training (IDT).

See AFI 36-2115, for more details.

**Active Duty Member**—A person appointed, enlisted, inducted, called, or conscripted into a uniformed service. This includes Reserve Component members called or ordered to Federal active duty or active duty for training.

**Active Duty (AD) status**—Individual performing military duty in the active military service of the United States. The term includes Reserve Component members called or ordered to active duty regardless of tour length. Requires published orders. For medical entitlements, active duty status includes members of the National Guard and Reserve serving active duty tours for any time period.

**Active Duty Training or Active Duty for Training**—A tour of active duty which is used for training members of the Reserve components to provide trained units and qualified persons to fill the needs of the Armed Forces in war or national emergency and such other times as the national security requires. The member is under orders which provide for return to non-active status when the period of active duty training is completed. It includes annual training, special tours of active duty for training, school tours, and the initial duty for training performed by non-prior service enlistees.

**Active Guard/Reserve**—Members of the Air National Guard or Air Force Reserves who are on extended active duty tours. An AGR carries a green (active duty) identification card.

**Air Reserve Components (ARC)**—All units, organizations, and members of the Air National Guard of the United States (ANG) and the US Air Force Reserve (USAFR).

**Beneficiary**—Persons entitled to benefits under the USHBP and this instruction.

**Child**—An individual under the age of 10. For the purposes of medical care and the parental consent requirement, the definition of a child varies according to state law (see AFI 36-3001).

**Chronic Medical Condition**—A medical condition that active medical treatment can't cure or control. Chronic conditions may involve periodic acute episodes and may require intermittent inpatient care. Sometimes medical treatment may control a chronic medical condition sufficiently to permit continuation of daily living activities such as work, or school).

**Civilian Health and Medical Program of the Uniformed Services**—That part of the USHBP under

which the Government pays a portion of the specific health service that eligible individuals receive from civilian health care providers. Authority for the TRICARE Program is Title 32 to the Code of Federal Regulations Part 199 (32 CFR 199). **Please note that CHAMPUS Regulation DoD 6010.8R has been ELIMINATED.**

**Commander**—Synonymous with commanding officer, officer in charge, director, chief, and so on.

**Continental United States**—(CONUS) United States territory, including the adjacent territorial waters, located within North America between Canada and Mexico (Alaska and Hawaii are not part of CONUS).

**Cooperative Care**—Those medical inpatient and/or outpatient services and supplies provided to non-active duty beneficiaries under specified circumstances and by a civilian source. During cooperative care, CHAMPUS shares in the cost even though the patient remains under the primary control of the Military Treatment Facility.

**Custodial Care**—Care for a patient who:

Is mentally or physically disabled and expected to continue as such for prolonged period.

Requires a protected, monitored, or controlled environment in an institution or home.

Requires assistance to support the essentials of daily living.

Is not under active and special medical, surgical, or psychiatric treatment that reduces the disability to the extent necessary to enable the patient to function outside a protected, monitored, or controlled environment.

**Deceased Member**—A person who was, at the time of death, a uniformed service active duty member or retired; or a retired member of a reserve component who elected to participate in the Survivor Benefit Plan (for information on this plan, contact the Personal Affairs Section at the local MPF), but died before reaching age 60.

**Deferred Non-emergency Care**—Medical, surgical, or dental care that, in the opinion of medical authority, could be performed at another time or place without risk of the patient's life, limb, health, or well-being. Examples are surgery for cosmetic purposes, vitamins without a therapeutic basis, sterilization procedures, therapeutic abortions, procedures for dental prosthesis, and prosthetic appliances.

**Dental Care**—(as an adjunct to medical or surgical treatment, typically called adjunctive dental care)—Dental care that in the professional judgment of the attending physician and dentist judge to be both:

Necessary for the treatment or management of a medical or surgical condition other than dental.

Greatly beneficial to the patient's primary medical or surgical condition or its after-effects. The primary diagnosis must be specific so that the relationship between the primary condition and the requirement for dental care in the treatment of the primary condition is known. Dental care to improve the general health of the patient is not necessarily adjunctive dental care.

**Dependency Determination**—A determination by the Air Force Accounting and Finance Center, than individuals may retain their status as dependents of an active duty or retired member of the uniformed services. A dependency determination that establishes dependency (called a favorable dependency determination) does not in itself establish an entitlement to medical care. The dependency determination must provide specifically for medical care.

**Dependent**—An obsolete term replaced by "family member." An immediate family member of an active duty or retired member of the uniformed services. See AFI 36-3001 for a detailed explanation.

**Direct Care System**—The system of military hospitals and clinics around the world.



**Director of Base Medical Services (DBMS)**—An obsolete term, meaning the senior individual of any corps of the Medical Service who has overall managerial responsibility for patient care activities on an installation. Replaced in common usage by “MTF Commander.”

**Disposition**—The removal of a patient from a medical treatment facility because of a return to duty or to home, transfer to another medical treatment facility, death, or other termination of medical care. The term may also refer to change from inpatient to outpatient status (for example, inpatient to subsisting elsewhere or convalescent leave).

**Domiciliary Care**—See “Custodial Care”. While there may be a clinical difference between these two types of care, for the purpose of determining entitlements, they are the same.

**Durable Medical Equipment**—Equipment that can withstand repeated use and generally is not useful to a person in the absence of illness or injury, for example, Respirators, nebulizers, IPP machines, oxygen tents, wheelchairs, hospital type beds, and ambulation devices such as walkers are examples.

**Elective Health Care**—Health care that is not medically necessary to provide relief from in, suffering, or potential health problem. A health care provider makes this determination.

**Emergency Care**—The immediate medical or dental care necessary to save a person’s life, limb, or sight, or to prevent undue suffering or loss of body tissue.

**Extended Active Duty**—A tour of active duty, normally for more than 90 days, that members of the Reserve Component perform. Strength accountability changes from the Reserve Component to the active duty force. Active duty for training is not creditable for EAD.

**Foreign Military Sales**—That portion of United States security assistance authorized by the Foreign Assistance Act of 1961, as amended, and the Arms Export Control Act of 1976, as amended. This assistance differs from the Military Assistance Program and the International Military Education and Training Program in that the recipient provides reimbursement for defense articles and services transferred. Also called FMS.

**Former Spouse**—An individual who was married to an active duty member for a sufficient length of time to become eligible for health care. AFH 41-114 provides details.

**Inactive Duty Training**—authorized training performed by a member of a Reserve Component not on published active orders and consisting of regularly scheduled unit training assemblies, additional training assemblies, periods of appropriate duty of equivalent training, and any special additional duties for Reserve Component personnel that an authority designated by the Secretary concerned, and performed by them in connection with the prescribed activities of the organization in which they are assigned with or without pay. Does not include work or study associated with correspondence courses. Also called IDT. See AFI 36-2115 for more details.

**International Military Education and Training**—Formal or informal instruction provided to foreign military students, and forces on a non-reimbursable (grant) basis by offices or employees of the United States, contract technicians, and contractors. Instruction may include correspondence courses; technical, educational or informational publications; and media of all kinds.

**Maternity (obstetrical) and Infant Care**—Medical and surgical care incident to pregnancy, including prenatal care, delivery, postnatal care, treatment of complications of pregnancy, and inpatient newborn care.

**Maximum Hospital Benefit**—The point during hospitalization when the patient’s progress appears

stable, and medical authorities determine that further hospitalization won't spell recovery. For example, a patient who continues to improve slowly over a long period of time, without specific therapy or medical supervision, or with only a moderate amount of treatment on an outpatient basis has attained maximum hospital benefit.

**Medical Care**—Inpatient, outpatient, dental care, and related professional services.

**Medical Treatment Facility**—A facility established for the purpose of furnishing medical and/or dental care to eligible individuals (applies to both hospitals and clinics). It does not include aid stations nor contract facilities.

**Medical Treatment Facility Commander**—The person appointed on orders as the commanding officer of the medical treatment facility.

**Military Patient**—A patient who is a member of the uniformed services of the United States on active duty, or an active duty member of a foreign government, or a member of a Reserve Component on duty.

**NATO Countries**—See NATO member.

**NATO Member**—A military member of a NATO nation who is on active duty and who, in connection with official duties, is stationed in or passing through the United States. NATO nations are: Belgium, Canada, Denmark, Federal Republic of Germany, France, Greece, Iceland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Turkey, the United Kingdom, and the United States.

**Non-appropriated Fund (NAF) Employee**—A Government employee whose pay comes from other than Congressional funds (for example, bowling alley and Base Exchange employees).

**Office of Worker's Compensation Program (OWCP) Beneficiary**—A civilian employee of the US Government who is injured or contracts a disease in the performance of duty and the OWCP has designated as a beneficiary.

**Prosthetic Devices**—Artificial limbs, hearing aids, orthopedic footwear, and spectacles.

**Reserve Components**—Reserve components of the Armed Forces of the United States are: a. the Air National Guard of the United States, b. the Air Force Reserve, c. the Army National Guard of the United States, d. the Army Reserve, e. the Naval Reserve, f. the Marine Corps Reserve, and g. the Coast Guard Reserve. For the purpose of this instruction, the term also includes the reserve members of the commissioned corps of the United States Public Health Service and National Oceanic and Atmospheric Administration.

**Retiree**—A member or former member of a uniformed service who is entitled to retired, retainer, or equivalent pay, based on duty in a uniformed service.

**Routine Medical Care**—Routine care includes:

Prescriptions from federal or non-Federal civilian providers

Physical exams including pertinent tests and procedures.

Eye examinations and special lenses for those eye conditions that require such lenses for complete medical or surgical management of the condition.

Newborn and well-baby care.

Diagnostic tests including laboratory and radiology services.

Family planning services and supplies including counseling and guidance. Under sound medical practice and applicable laws, medical personnel may provide these services to any family member upon request.

Ground ambulance service.

Home calls when the DBMS determines them to be medically necessary.

Loans of non-expendable durable medical equipment.

Orthopedic aids such as braces, crutches, walking irons, elastic stockings, and so on.

Orthopedic footwear is included only if it is an integral part of, and attached to, a brace.

Hearing examinations.

Primary and secondary medical care.

**Routine Dental Care**—All professional treatment of oral disease, injuries, and deficiencies that fall within the field of dental and oral or maxillofacial surgeon.

**Security Assistance Training Program**—The umbrella program for International Military Education and Training Program and Foreign Military Sales.

**Supplemental Care**—A non-elective specialized inpatient and/or outpatient treatment, procedures, consultation, tests, supplies, or equipment in a non-Military Treatment Facility while an inpatient or outpatient of a military facility. This care is required to augment the course of care being provided by the Military Treatment Facility. As outlined in 32CFR 199, Supplemental Care applies to Active Duty and other non-TRICARE eligible beneficiaries.

**Survivor**—A spouse or child who was a dependent as defined by AFI 36-3001, and whose sponsor died while on active duty, or was a participant in the Survivor Benefit Program.

**Treatment**—A procedure or medical service that medical persons expect to lead to or assist in the patient's recovery.

**TRICARE**—the military's managed health care program, overseen by the Department of Defense in cooperation with regional civilian contractors. TRICARE uses the Military Health System as the main delivery system augmented by a civilian network of providers and facilities serving our active duty (including Reservists/National Guard), their families and retired military/families and survivors world-wide.

**Uniformed Services**—The Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanic and Atmospheric Administration (NOAA), and US Public Health Service (USPHS).

**Uniformed Services Medical Treatment Facilities**—Medical treatment facilities that belong to the Air Force, Army, Navy, and Coast Guard, but not former Public Health Service medical facilities that the Congress has designated as part of the USFHP.

**Uniformed Services Family Health Plan**—A TRICARE Prime enrollment option available in former USPHS facilities listed in [Attachment 6](#).

**United States**—The 50 states and the District of Columbia.

**Veteran**—A person who served in the active military, Army, Navy, Coast Guard or Air Force. A person who originally enlisted in a regular component of the Armed Forces after 7 September 1980, or who entered active duty after 16 October 1981, is not eligible for benefits from the Veterans Administration unless he or she completes the lesser of 24 continuous months of active duty or the full period for which the person was called or ordered to duty. This provision does not apply to veterans who have a compensable service-connected disability or who were discharged close to the end of an enlistment term because of hardship, or a disability incurred or aggravated in line of duty.

**Veterans Medical Benefits**—Medical benefits authorized under Title 38, U.S.C. chapter 17, available to

veterans with honorable and general discharges. Discharges issued by general court-martial are a bar to Department of Veterans Affairs benefits.

**ATTACHMENT 2**

**SECRETARY OF THE AIR FORCE DESIGNEE FORMAT FOR ABUSED FAMILY MEMBERS**

MEMORANDUM FOR (PATIENT'S NAME, SPONSOR'S SSN)

FROM: (NAME OF MTF)/SG

SUBJECT: Secretary of the Air Force Designee

Under Title 10, U.S.C., Section 1076(e), and AFI 41-115, **Chapter 2**, you have authorization for DoD sponsored health care as a Secretary of the Air Force Designee for the period \_\_\_\_\_ to \_\_\_\_\_.

You may receive care on a space-available basis at any military medical treatment facility and under TRICARE. Charges are at the dependent rate, and you have authorization for movement via aeromedical evacuation.

Your Care is only for the treatment of *<INSERT CONDITION ASSOCIATED WITH ABUSE.>*

Use this memorandum to verify eligibility. A copy of this letter also verifies eligibility. Your medical records should also include a copy of this letter, which must accompany all TRICARE claims.

JOHN R. SMITH, Colonel, USAF, MC  
Commander

**ATTACHMENT 3****SECRETARY OF THE AIR FORCE DESIGNEE LOG FORMAT (RCS: HAF-SGH[A]9474)**

## Annual Designee Log

MAJCOM: \_\_\_\_\_ Year Covered by List: \_\_\_\_\_

Name of person submitting list \_\_\_\_\_

Phone number (DSN): \_\_\_\_\_

Category refers to the reason for designation, for example, continuity of care, best interest of the Air Force (see **Chapter 2**).

- a. MTFs logs should include all categories of Designees except those designated through HQ USAF/SG.
- b. HQ PACAF and HQ USAFE should include all individuals designated by the theater commanders on their logs (do not include individuals designated through HQ USAF/SGMA).
- c. HQ PACAF and HQ USAFE should include contractors who had access to care under the provisions of AFH 41-114.

Patient's Name	Sponsor's SSN	Category	Date of Designation
-------------------	------------------	----------	------------------------

**ATTACHMENT 4****SECRETARY OF THE AIR FORCE DESIGNEE FORMAT FOR CERTAIN FORMER SPOUSES**

MEMORANDUM FOR (PATIENT NAME, SPONSOR'S SSN)

FROM: (NAME OF MTF)/SG

SUBJECT: Secretary of the Air Force Designee

Under Section 651 of PL 100-45 and Title 10, U.S.C., Section 1076(f)(1); and AFI 41-115, **Chapter 2**, as a 20/20/xx former spouse who has purchased the conversion health insurance through the DoD, you have authorization for DoD-sponsored health care for the 1-year period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

You may receive care on a space-available basis as a dependent of a retired member at any Uniformed Service medical or dental facility. Charges are at the dependent rate, all Uniformed Services regulations apply, and you are authorized for movement via aeromedical evacuated. You don't have authorization for care through TRICARE.

You may receive treatment for the following preexisting conditions only:

This letter serves as your "ID Card" and you must present it at each visit to prove your eligibility.

JOHN R. SMITH, Colonel, USAF, MC  
Commander

**ATTACHMENT 5****SECRETARY OF THE AIR FORCE DESIGNEE REQUEST**

Date

MEMORANDUM FOR (MAJCOM NAME AND ADDRESS)

FROM: (MTF NAME AND ADDRESS)/SG

SUBJECT: Secretary of the Air Force Designee Program Application

1. Request you provided the following information when requesting Secretarial Designee status, in accordance with AFI 41-115, **Chapter 2**.

- a. Patient's full name:
- b. Patient's relationship to sponsor:
- c. Sponsor's full name:
- d. Sponsors rank:
- e. Sponsor's branch of Service
- f. Sponsor's SSN:
- g. Sponsor's status:
- h. Exact Date Designee status should begin:
- i. Recommended length of designation:
- j. Transportation aboard an aeromedical evacuation aircraft is/is not requested:
- k. Reason for designation:
- l. Justification:
- m. Diagnosis:
- n. Brief case history: See attached letters
- o. Name of attending physician:
- p. Medical specialty required:
- q. Name/Rank/Phone number of Designee Caseworker:

2. For additional information please call the caseworker at the above phone number

Chief, Hospital Services  
Signature Block



**ATTACHMENT 6****UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP) FACILITIES**

- a. USFHP – Johns Hopkins Medical Services Corp. Member Services Department  
3100 Wyman Park Drive  
Baltimore, MD 21211  
1-800-8087347
- b. USFHP – Brighton Marine Health Center (in conjunction with St Elizabeth's Medical Center in Boston)  
77 Warren Street  
Brighton, MA 02139  
1-800-818-8589
- c. USFHP – CHRISTUS Health  
CHRISTUS St Joseph Hospital in downtown Houston  
CHRISTUS St. John Hospital in NAS'au Bay  
CHRISTUS St Mary Hospital in Port Arthur  
(with additional service to Galveston area eligibles)  
PO Box 924708  
Houston, TX 77292-4708  
1-800-678-7347
- d. USFHP - PacMed Clinics  
1200 12<sup>th</sup> Avenue South  
Seattle, WA 98144  
1-800-585-5883
- e. USFHP – Sisters of Charity Medical Center at Bayley Seton  
75 Vanderbilt Avenue  
Staten Island, NY 10304  
1-800-241-4848
- f. USFHP – Martin's Point Health Care  
PO Box 9746  
Portland, ME 04104-5040  
1-888-674-8734
- g. USFHP – Fairview Health System (a subsidiary of the Cleveland Clinic Foundation Managed Care Department)  
18101 Lorain Avenue  
Cleveland, OH 44111  
1-800-662-1810 (Ohio only)  
1-216-476-2534

**ATTACHMENT 7****OFFICE OF THE RESERVE COMPONENT****COMMAND SURGEON**

Headquarters Air Force Reserve Command Surgeon  
HQ AFRC/SGP  
155 Richard Ray Blvd  
Robins AFB, Ga. 31098-1635  
Voice: DSN 497-0603/Commercial (478) 327-0603  
Fax: DSN 497-0896/Commercial (478) 327-0896